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R.N.

April 1946





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RIASOL FOR PSORIASIS

RN

—A JOURNAL FOR NURSES

NIGHTINGALE PRESS, INC., RUTHERFORD, N. J.

Contents

APRIL 1946, VOL. 9, NO. 7

- 7 Debits and Credits
 - 19 Science Shorts
 - 26 "From Where I Sit—"
 - 31 Memo from the Editor
 - 32 Looking into the Army and Navy Future
John Slinkman
 - 35 Multiple Sclerosis
Carolyn Valentine, B.S.
 - 37 Some Medical Aspects of the Atomic Bomb
Anne M. Goodrich, R.N.
 - 38 C.S.N.A. Takes the Lead in Collective Bargaining
Elsa Gidlow
 - 43 New Hope for Social Security
 - 44 Out-patient
Jo Brown
 - 46 What's Wrong with V.N.A. Standing Orders?
Evelyn Brannen, R.N.
 - 50 The New Flour—What It Is and Means
Susan Carter
 - 53 Women Who Nurse: An Interview with
Two U.N.R.R.A. Nurses
 - 56 Reviewing the News
 - 107 Positions Available
- Cover photo: Krainin. Uniform: Angelica Jacket Co.

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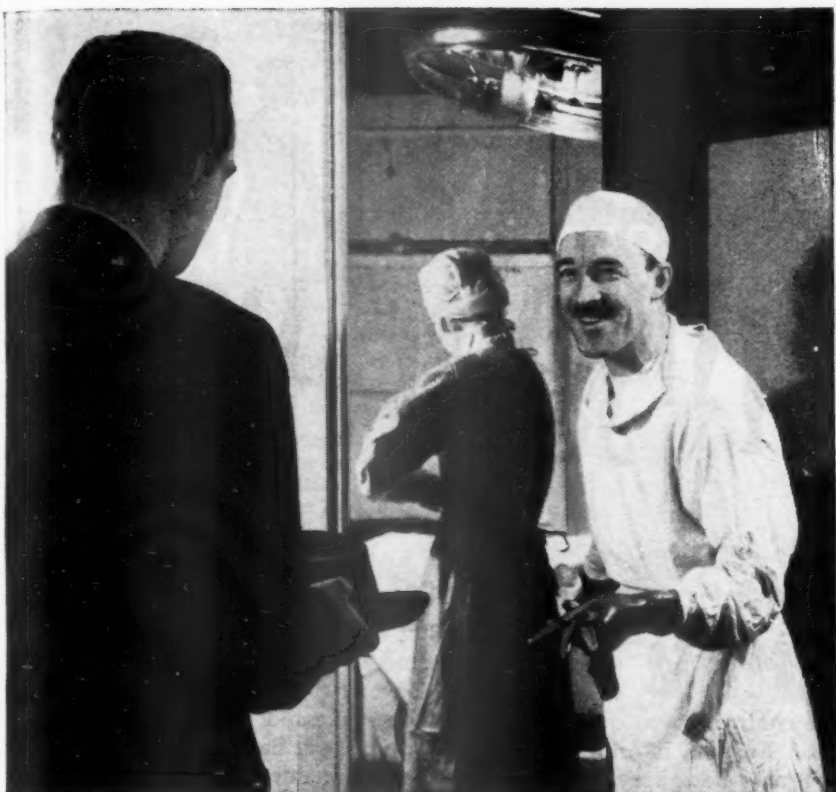
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*Friedenwald, J., and Morrison, S.: Functional Disturbances of the Digestive Tract, in Nelson New Loose-Leaf Medicine, 1941, vol. 1, p. 161.

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Each boy in each bed is being helped back to health by a new medical development. Each of these developments owes much, surprisingly enough, to milk—and each does a completely different job!

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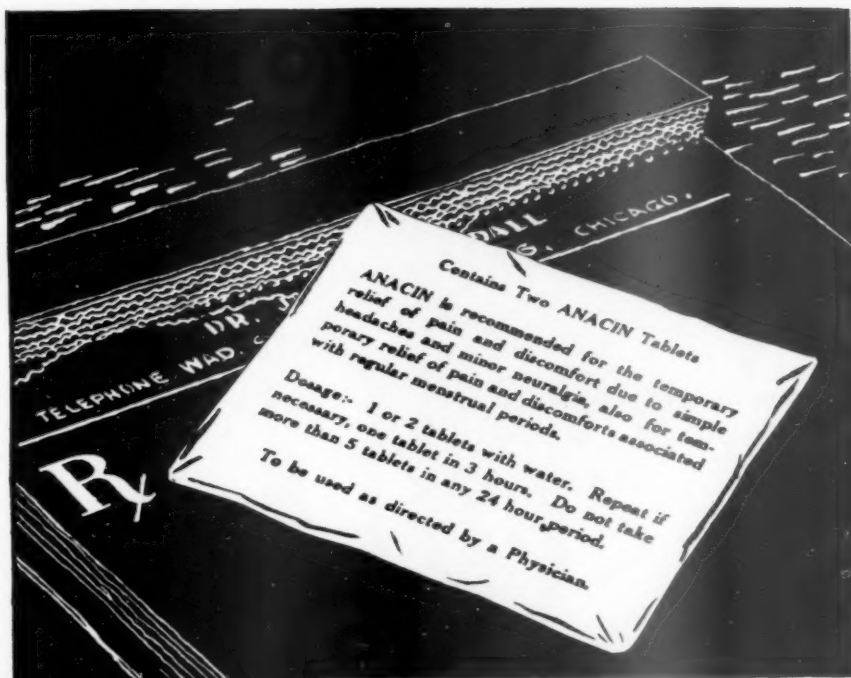
Both sides of this picture illustrate a story of extensive milk research. At National Dairy plants, proteins, sugars and aminos are produced from milk and supplied for pharmaceuticals which are making great contributions to the nation's health and knowledge of nutrition.

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Debits and Credits

Self-operation?

Dear Editor:

Will you be kind enough to supply, if you have verification or record of such, any information of any surgeon having performed an abdominal operation upon himself? This question, seemingly unimportant, arose out of a discussion of a group of nurses and we would appreciate your reply at your earliest convenience. We wrote to the local Medical Society but received no answer.

OPAL B. KITCHIN, R.N.
GREENBELT, MARYLAND

[Will R.N. readers submit such information, if they have it, in answer to this request?—THE EDITORS.]

M.D. vs. R.N.

Dear Editor:

The bid for opinions on what doctors and nurses think of each other could be illuminating. Their published comments seem stilted.

Herewith are my thoughts on doctors. This is consciously objective because I have a profound respect for doctors.

Generally speaking, doctors are obvious in their attitude toward nurses—they don't think of them at

all, that is, consciously. When they have to, nurses are a necessary evil readily dismissed when the need for them is over. They consider nurses work *for* them, not *with* them—somewhat like the relationship between a saleswoman and her employer, although in our case the merchandise involved (a highly complex human being) should preclude that.

Doctors take a "dim view" of the nurse's psychological potential in regard to the patient's recovery. This may not be deliberate. It could be the outgrowth of the doctor-nurse relationship wherein the student is the adoring neophyte. She is daily plumed on the specific, i.e., to follow the doctor's orders. This must not be misconstrued as mutiny. The following of orders is mandatory. But the emphasis is incorrectly placed on obedience to the individual rather than on the ultimate good the patient derives from adherence to the doctor's knowledge. This very relationship extending over the three-year training period lays the foundation for the patronizing attitude doctors have when they think about nurses at all.

Doctors do not care to recognize the fact that a whole new field has opened up for the well educated



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nurse. The appearance of the degree holding R.N. irritates them because she is a thoroughly integrated professional who will brook no patronizing, but who is capable of doing an intelligent and complete piece of work no matter what the assignment. She knows better than to encroach upon the doctor's sphere.

At the moment, nursing is in the grand transitional stage. The old "all-purpose" R.N. is on the way out. There are two distinct nurses emerging. The aforementioned integrated professional and the well trained practical nurse. There is living space for both. The holdover R.N. from the past generation is bound to suffer in the shuffle. That is not peculiar to nurses—consider television.

The suggestion by doctors that nurses should participate in staff conferences and sit on hospital boards should help. I should like to see a Philosophy of Nursing chair in medical schools in order to acquaint the impressionable budding doctors with what makes a nurse tick!

LT. KATHRYN CAHILL, A.N.C.
REGENSBURG, GERMANY

Glad

Dear Editor:

Your letters from readers are quite interesting as they give the viewpoint of nurses all over the United States. The one in October from Lorraine Burby and the answer in the December issue are worth reading, but questions arise as to whether the R.N. from Dayton, Ohio should ever have started training

"don't smoke..."

*IS ADVICE HARD FOR
PATIENTS TO SWALLOW!*

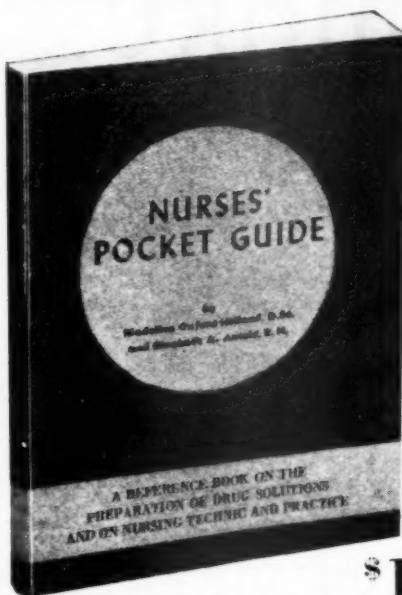
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**Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154*

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let alone finished the course.

I, for one, am glad I can sign my name with an R.N. when occasion calls for it. Yes, I would recommend it to others . . .

Just what is the stigma, supposedly, attached to working in a physician's office? Where I am now employed I greet the patients, answer the phone, assist with surgery, keep up supplies, and give treatments. Yet, I seem to have degraded myself in accepting this job.

R.N., BUFFALO, N.Y.

Public Relations

Dear Editor:

To B. Roberts' query of "Why not a Director of Propaganda?" [R.N. December 1945], why not indeed?

The A.N.A. has shown, conclusively, that it is completely out of step with the present trend. Nurses may blow their horns, but why only at each other? As for the Red Cross—it has always been a thorn in the side of the thinking nurse.

I think that the very nature of nursing itself is the direct cause of this great unrest. We spend from three to five years yessing the patient, yessing the doctor, yessing our superiors, and so on. Is it any wonder we have no initiative left when it comes time to consider our own welfare?

A.N.A.'s Planned Placement won't work. Why? Because there will always be doctors who will give their cases to certain R.N.'s regardless of their standing on planned placement.

All reform comes from the bottom



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Stamina and strength, essential to a joyous, optimistic outlook, are vitally linked to the nutritional status, and will quickly wane if undernutrition is allowed to develop. Zestful living and boundless energy are hardly compatible with the undermining effect of nutritional deficiencies.

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*Based on average reported values for milk.



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upwards, not from the top down. Those who have already scaled the heights have long since lost the correct perspective. It is up to the "under dog," us gals who push bedpans for hire, to start the fireworks. The old General Public pays our salaries. Let's be realistic where it can do the most good.

Also, let's make this Director of Propaganda a person who knows his business and *not* a nurse. They have proven their inability to Blow Their Own Horn; let's hire a good Horn Blower (professional) and get some tangible results.

R.N., FALL RIVER, MASS.

Postwar Plan

Dear Editor:

Miss D. Knight of Somerville, Mass., in my estimation, is right about the nursing situation [R.N., January 1946]. Nurses should stick together and stand up for their rights since the A.N.A. sits back and does not exert itself to help the nurses. My alumni has sent a representative on different occasions to the A.N.A. for help and guidance but was unable to get any satisfaction.

If nurses had a living wage or salary the way other professions have, much of this trouble would be overcome.

What I propose is: a forty-hour, five-day week, and a dollar an hour. In this way nurses would have time for rest and recreation, both of which are badly needed.

The nurses in the various services were income tax free, received better

Of Special Interest to Registered Nurses



**Amazing New Antiseptic Deodorant
Actually Checks Perspiration—Yet is
*Safe for Skin!***

★ **Safely
Stops Odor!**
NO EMBARRASSMENT
—With COLGATE'S VETO!

★ **Safely Checks
Perspiration!**
VETO KEEPS YOU WELL-
GROOMED, DAINTY!

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Skin!**
COLGATE'S VETO
IS ANTISEPTIC!

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**DOES NOT ROT CLOTHES...Because of
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Veto—Colgate's cream deodorant—is different from *any* deodorant you've ever used before! Because it contains *Duratex*, an *exclusive* new safety ingredient—Veto *does not rot clothes!* Veto is *safe* for any normal skin! Spreads on smoothly, rubs in easily, is *easier* to use! And Veto stays moist in jar—it never gets grainy or gritty! So use Veto regularly, to stop odor, check perspiration—*safely!* 10¢ and larger sizes. At drug and cosmetic counters everywhere.



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M. BURNEICE LARSON, Director

Probably you are one of the RN's who under normal conditions prefers an appointment which does not include maintenance as part of its compensation.

However, it is possible that at this point—having had your rent raised on a technicality and your feet wearied by much standing in butter and bacon lines—you are ready to consider an appointment which would offer bed and board in addition to a salary check which would be relatively all clear!

If you would like a quick resume of available nursing positions offering maintenance, please let us know the type of appointment in which you would be interested. We believe our analysis sheet will enable you to tell us clearly and concisely both your qualifications and requirements. May we send you one?

Our service extends to RN's everywhere . . . and all correspondence is regarded as confidential.

M. BURNEICE LARSON

Director, THE MEDICAL BUREAU
Palmolive Building Chicago 11

pay, and in a great many cases do not work as hard as the nurses in the civilian hospitals. So is it any wonder there is a nursing shortage?

R.N., RAHWAY, N.J.

[Nurses in military service have basic income tax exemption of \$1,500. All those with incomes over that level are required to pay annual tax on the amounts earned over the figure. Military nurses on duty outside the continental U.S. are given a period of grace for payment of tax up to six months after return to the country.—THE EDITORS.]

Private Registries

Dear Editor:

We were interested in the article "What Doctors Think of Nurses?" in R.N. [January 1946], especially the paragraph which referred to the fact that to safeguard the use of practicing nurses, registries must be taken out of the hands of individuals and placed under the jurisdiction of hospitals or government.

For the information of the individual who made the above comment we should like to point out that nurses' registries are under the jurisdiction of State governments. This fact alone, however, would not necessarily improve the standards of registries. We recall one applicant within a few months of training who attempted to register at this office. She produced a letter from the Department of Education and Registration which stated that she was a registered nurse and that the letter was a substitute for her card which she had lost.

The hay fever season is over-but

Head Colds-Sinusitis Asthma (allergy) **RELIEF** begins in 10 minutes-too

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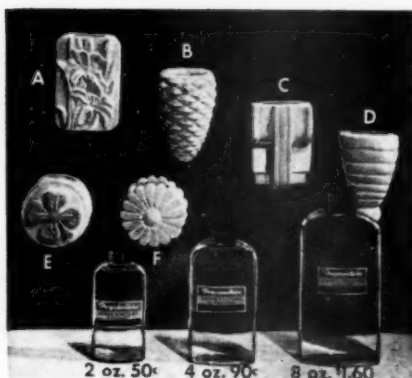
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On the basis of this letter she had been engaged for floor duty at a local hospital but she was quickly dismissed because her work was not satisfactory. Through an investigation made by this office, it was learned that the applicant had written the State Department that she had lost her registration card, but no attempt had been made to find out if she was the person to whom the original registration card had been issued.

Another case which has come to our attention is that of a practical nurse who listed herself in the classified telephone book as a registered nurse. When the case was brought to official attention, she was given a friendly warning by the inspector from the Department of Education and Registration, but no effort was made to follow her up and see that she did not further misrepresent herself . . .

Those who operate registries are no different from other people. Some have high standards of personal conduct which are reflected in their business; others have poor standards and exploit the public. The same criticism might be made of other groups such as doctors, nurses, lawyers—even politicians.

A reliable registry renders a real service to doctors, patients, and nurses. Registries which misrepresent the abilities of nurses should be put out of business and no one would welcome this movement more than the ethical registries . . .

MARGARET LYTTLE, Registrar
Chicago Registry for Nurses
CHICAGO, ILL.



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Science Shorts

Captain R. O. Levitt and William F. Leathen of the U.S. Army report on 117 patients with acute infection of the nasopharynx who were treated with penicillin lozenges of 500 unit strength. Cures were produced rapidly in 110 patients, and hospital days were fewer for patients treated with penicillin than for those receiving nonspecific treatment.

The average age at which physicians died in 1945 was 65.3 years.

Dr. Leslie Cole of England calls attention to the fact that many people carry unnecessary burdens of anxiety about their health which limit their happiness and activity, and that they bear these burdens for lack of reassurance which could, in many cases, have been given by the physician together with a favorable prognosis of the case.

A preliminary report by Dr. Herman Yannet and Rose Lieberman, M.A. suggests that cerebral abnormality in undifferentiated defectives may be related to maternal Rh immunization during pregnancy.

U.N.R.R.A. reports that there are 6,000 diabetics in Bohemia and Moravia who require 8,000,000 units of

insulin monthly. Czechoslovakia manufactures only 10,000 units monthly and U.N.R.R.A. has been supplying crystallized insulin to enable manufacturers to make an additional 30,000 units.

Dr. Frank L. Meleney, et al, feel that of the antiseptics so far tested, p-chlorophenol is the most effective antibacterial agent against germ negative organisms.

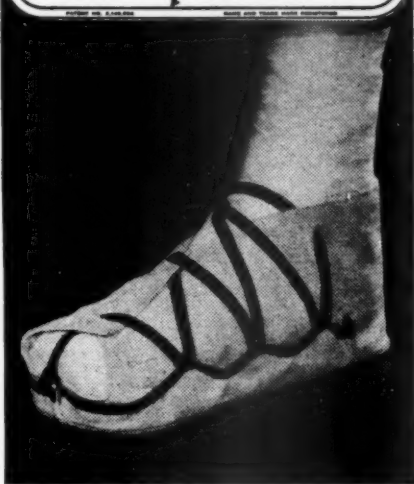
Researchers at the University of Cincinnati College of Medicine have announced discovery of a new remedy for anemia. Known as synthetic folic acid, the new drug is a member of the B-complex vitamin family and has proved beneficial in the treatment of pernicious anemia, macrocytic anemia, anemia of pregnancy, and nutritional macrocytic anemia.

Sixty-three per cent of the wounds received in World War II were those of the upper and lower extremities.

An interesting technique for skin-grafting large denuded areas is reported from England. The donor area is smeared with glue and a portion of the intermediate skin is removed with dermatome. The skin is split before being removed from the dermatome

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Mollo-pedic Shoes are also exceptionally helpful in general recuperative cases, when the patient is re-learning to walk and hesitant of gait.

Soles of Mollo-pedic Shoes are of thick, resilient, sponge rubber. Uppers are fashioned of soft, strong, pliant, genuine Osnaburg fabric. Patented lacing method permits adjustment to any shaped dressing or cast to avoid pressure on tender spots.

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DETROIT, MICH.

and applied to the recipient area in strips. As gaps are left between the strips, the procedure is not suitable for exposed areas because of the imperfect cosmetic results obtained. But the method does provide for covering a large denuded area with a remarkable economy of grafted skin. It reduces the period in hospital and restores the affected parts to early active use.

Of the 14,000 wounded needing prostheses, 95 per cent have lost one arm or leg and 5 per cent have suffered two major amputations.

Some spectacular results have been shown with the use of tridione in cases of psychomotor seizures. Dr. Russell N. DeJong of Ann Arbor, Michigan suggests further study of the drug and its effects of epilepsy should be undertaken.

Dr. Max Gilbert of New York calls attention to the dangers of contaminating sulfonamide ointments which cannot be resterilized.

A report in *The Lancet* tells of the precipitation method of treatment of varicose veins in which the aliphatic group of sclerosing agents are precipitated inside the varicose veins by interaction with calcium salts. A 5 per cent solution of sodium morrhuate is injected into the vein after an injection of 10 per cent calcium gluconate. The injections are made with the patient standing. The patient is instructed to occlude the vein as the needle is being withdrawn. He then

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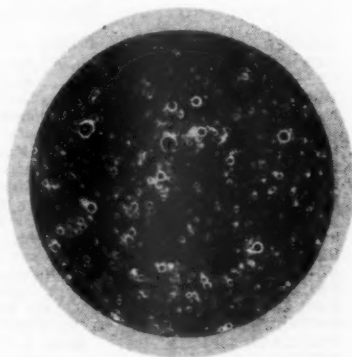
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The Lotion leaves a discontinuous film of micron-size oil globules on the infant's skin. This permits normal heat radiation; allows perspiration to escape readily.



JOHNSON'S BABY LOTION

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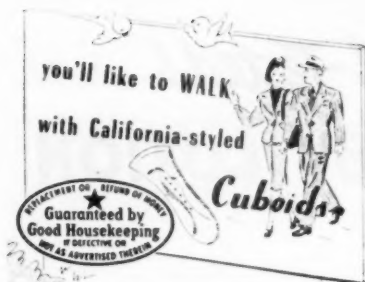
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sits down with the limb elevated to a horizontal position. The method has been used with success on 170 patients who have been returned to full duty after the Trendelenburg operation.

Of the 571,490 men wounded in action, 363,322 were returned to duty after hospitalization.

The U.S. Bureau of Labor Statistics reports that older people seem less liable to accident than younger workers. Mill hands over 60 suffered only half as many accidents as those in their twenties, and automobile drivers between 40 and 60 are found to be less prone to accidents than younger drivers.

Three thousand fewer persons died of tuberculosis in the United States in 1944 than in 1943.

Two Army doctors have reported on 100 cases of fatigue and weakness, nine of which were believed to be primarily caused by hypoglycemia, which is a deficiency of sugar in the blood. The symptoms may be effectively alleviated by dietary treatments with high proteins and complex carbohydrates. Frequent feedings with special diets prevented the symptoms in the cases studied.

Dr. Rose E. Gunn reports in the *Journal of the Iowa State Medical Society* on the successful use of rubber bands to produce traction in the correction of congenital foot deformities in infants. According to Dr. Gunn,

NEXT TO NATURE—IT'S

DAVOL!

In bottle-feeding, the rubber nipple chosen should simulate the ways of Nature in every way possible. Davol "Anti-Colic" brand "Sani-Tab" nipple is a satisfactory substitute because it offers these three important advantages:



Design

The Davol nipple follows the shape of the maternal nipple. It is short; it has a firm, reinforced shoulder similar to the areola of the lactating breast.



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The Davol nipple encourages the same persistent, forceful action that the infant uses in breast-feeding.



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The Davol nipple induces the full, natural 20 minutes of essential sucking action at each feeding.

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BOTTLE FEEDING
in Relation to
Infantile Colic
and Malformation of the Mouth

We buy space in this magazine to tell you of our service and of the positions listed with us. We can't go into detail—there isn't enough room—but if you will write us we will. There are many positions open; few nurses available. That is no secret. The value of our survey for you is the elimination of effort on your part and the feeling of security we can offer you in coming to a new country by presenting a true picture of the positions we offer.

ANAESTHETISTS—(a) Two for 100-bed private general hospital on San Francisco Bay; \$245. (b) Catholic hospital, Southern California; four anaesthetists on staff; very little call; \$250.

GENERAL DUTY—(a) Small new general hospital, inland Southern California; comfortable nurses' home; \$180, maintenance. (b) County hospital, south of San Francisco; \$150, maintenance. (c) Mining company hospital, Nevada; \$190, maintenance. (d) Hawaii; 135-bed general hospital; \$198, maintenance; single rooms, good food; opportunities for promotion to supervision.

HOUSEKEEPER—Experienced executive hospital housekeeper; 75-bed general institution near Los Angeles; \$150, meals.

INSTRUCTORS—(a) A 400-bed hospital, Southern California, needs an educational director, Master's degree required; Catholic preferred; salary open; excellent opportunity. (b) Nursing Arts instructor; 250-bed general hospital, Southern California resort city; excellent connection; \$220.

OBSTETRICS—(a) Supervisor; 100-bed clinic hospital north of San Francisco; \$215. (b) Charge nurse in obstetrics, afternoon service; 100-bed private general hospital near San Francisco; \$190.

SURGERY—(a) Postgraduate course or good experience; 75-bed general hospital 35 miles from Los Angeles; \$185, meals. (b) For 100-bed general hospital on ocean near Los Angeles; \$175, maintenance. (c) Two nurses for emergency room, well-known private general hospital, San Francisco suburb; \$185.

SUPERVISORS—(a) Afternoon supervisor, 100-bed general hospital near Sacramento; \$215. (b) Afternoon supervisor for small general hospital not far inland, Southern California; \$225.

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ideal treatment begins in the first week of life. Adhesive plaster cuffs are applied below the knee and around the foot. Perforated ears on the cuffs make it possible to attach the rubber bands to give the amount of traction required to pull the foot straight. The amount of tension required in newborn infants is only a few ounces and the foot is held in traction until there is no tendency toward recurrence of the malformation position.

Eighty-seven physicians met death through accident in 1945 and 25 medical suicides were reported. One hundred and sixteen physicians were killed in World War II and 118 died while in military service.

Statistics show an appreciable rise in the marriage rate, beginning in June 1945. Over a five-month period from June to October 1945, there has been a gain of 14½ per cent over the previous year.

Clinical evidence of Tinea pedis (ringworm of the foot) was found in 59.9 per cent of a group of men examined for the U.S. Naval Academy, according to the Bulletin of the Johns Hopkins Hospital.

Drs. Henry Jackson and Frederic Parker of Boston call attention to the contrast between Hodgkin's sarcoma and Hodgkin's granuloma. Their studies have shown the former invariably fatal within a short period of time while the latter usually runs a relatively benign course.

THIS MEDICALLY PROVEN PARASITICIDE

KILLS

On contact

CRAB, HEAD,
BODY LICE
AND THEIR EGGS!!!

THIS non-poisonous, non-irritating scientific preparation is a clinically proven parasiticide. It kills *on contact* crab, head and body lice *and their eggs* . . . *only one application necessary.*

In laboratory tests A-200 proved itself non-toxic . . . was fed in large quantities to experimental animals over a considerable period of time. It has a low melting point and can be easily spread on the hairy parts of the body. Patch tests showed no allergic manifestations.

A-200 is convenient to use . . . ideally adapted for children. Easily applied and removed with soap and warm water. Washes quickly from clothing.

Available at all drug wholesalers and retailers.

Formula

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One of the 225 products made for your health and comfort.

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STUBBORN
CASE of
CONSTIPATION**

may be due to
bile deficiency.
So many are,
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*Could it be
Acholia?*

Torocol is almost a specific in relieving biliary constipation. Not only does Torocol stimulate a free flow of bile to help activate peristalsis . . . it also promotes bowel regularity with two gentle eliminants.

Epigastric distress, vague abdominal discomfort, fatigue, and other symptoms of biliary dyspepsia are then generally relieved, food tolerance improved, and a sense of well being regained.

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**For The Stagnant Gallbladder
Gentle Laxative and Choleric**

Write for Samples and Literature

THE PAUL PLESSNER COMPANY
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"From Where I Sit—"



A bill in the New York State legislature would appropriate \$50,000 for research in the cause and cure of hay fever. Many conditions to which nurses are allergic would benefit by similar small appropriations: \$50,000 is a great deal of money to cure a sneeze!

Paris bars recently had a rush of business because it was reported that the wife of a Rue Gallande cafe-owner had given birth to septuplets. It was only a rumor and newsmen who set out to report on wholesale postpartum care, wobbled back to their desks, authorities on alcoholism.

From the West Coast comes a report of six physicians who have sued a doctor for calling them "scabs" because they are not members of the County Medical Society—\$250,000 for an excoriation.

An act to amend the Civil Service law to transfer hospital nurses from junior professional service to professional service is before the New York State Senate. Practical nurses have been substituted for hospital nurses in the junior professional grade. Wouldn't it have been better to remove nurses entirely rather than to

IT'S MADE TO MEASURE!

DON'T WASTE "LYSOL"—A LITTLE DOES A LOT!



"Lysol" is valuable. Use it throughout your hospital, wherever a disinfectant is needed . . . but use it wisely! Measure, don't guess how much to use. You always know the exact germ-killing potency of "Lysol" brand disinfectant. Every batch of "Lysol" is rigidly controlled, has a uniform phenol coefficient of 5.



To disinfect beds, use a 1% solution of "Lysol" brand disinfectant. 1% is an effective amount here.



In O. R.—for sharps a 2% "Lysol" solution. To prevent corrosion— $\frac{1}{2}$ % "Lysol" in boiling water.



On isolation—wherever an antiseptic rinse is needed, use a 2% "Lysol" solution.



For bedpans—use a 2% "Lysol" solution for cleaning following disposal.



For perineal care—use a 1% solution of "Lysol." 1% works—without waste.



For floors, walls, furniture, use a 1% "Lysol" solution. Be wise; measure and save.

SAVE THESE WAYS, TOO!

LIGHT: Don't forget to switch off the lights when not in use.

HEAT: Don't heat all outdoors.

LINEN: Don't "rip" sheets off beds.

ENAMELWARE: Avoid chips from stacking. Remove the marks as you go along.



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Brand Disinfectant

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Triple aid in
**SKIN
THERAPY**

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in an Aromatic Mineral Oil Base)

**combines Analgesic
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To promptly relieve the wide variety of minor skin irritations and injuries requiring treatment, many Doctors for years have used and prescribed Campho-Phenique Liquid Antiseptic Dressing. It works as a mild surface anesthetic to relieve itching and pain, combats swelling and secondary infection associated with

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Please send me a free bottle of Campho-Phenique Liquid Antiseptic Dressing.

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include a subprofessional group under the category, junior professional service.

The War Department has announced movement of 1,073 Army dependents to Europe. Selection was made on the basis of applicants who had agreed to remain overseas for a period of two years. We haven't heard of any nurses in the European Theatre who have sent for their husbands as yet.

The National Recreation Congress has announced that "preinduction tests of Wacs and Waves and a recent survey of high school girls show that the physical condition of the nation's women leaves something to be desired." Time off for recreation, no doubt.

The Army has published the findings of its microscopic study upon the brain of Nazi war-criminal Dr. Robert Ley. A long standing degenerative process of the frontal lobes impaired his mental and emotional faculties and his "social sense," says the report. As usual, it takes a post-mortem to account for the actions of people in certain high places.

The Housing Authority in New York City has urged people unable to find satisfactory housing to fill in registration blanks printed in the newspapers and distributed in public offices. Over a week's time 8,500 registrations had been received. Apparently nurses aren't the only ones living in dormitories.

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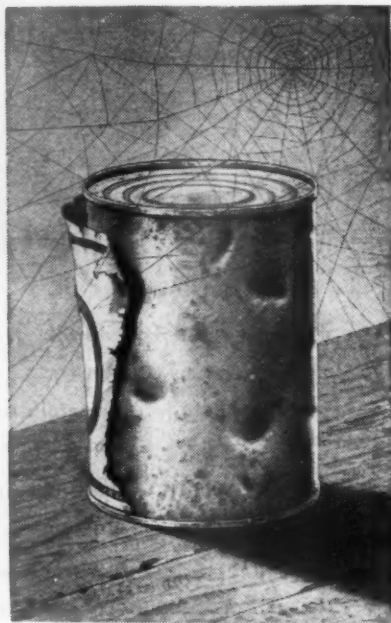
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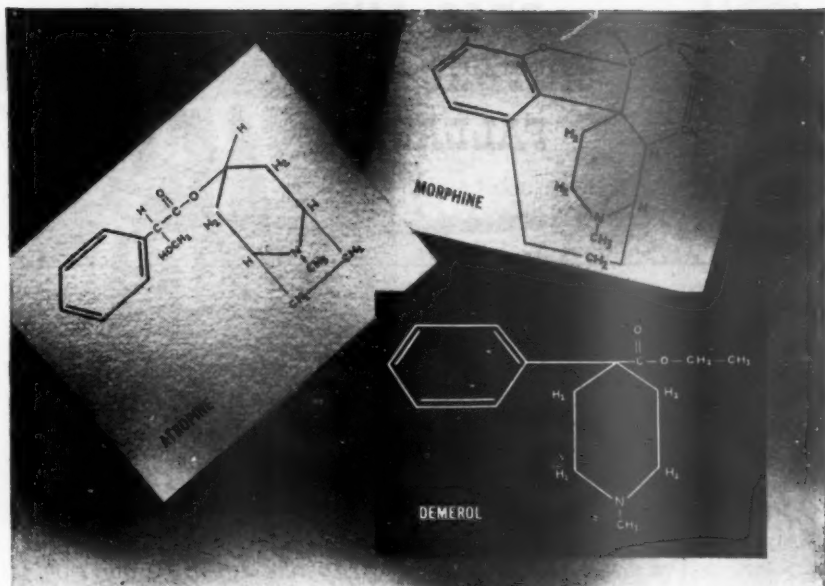
PERSONS afflicted with rabies were once suspected of barking like dogs and biting anyone around them. Killing the animal which bit the victim of this disease was believed to be an effective cure.



THE PRESENCE of rust on a can is looked upon by many today as a sign that the food it contains is contaminated. This, of course, is not true—unless the rust has eaten through the metal.

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NO OTHER CONTAINER PROTECTS LIKE THE CAN



Chemical Relationship and Pharmacodynamic Similarity

A NEW SYNTHETIC

ANALGESIC

Demerol's analgesic power ranks between morphine and codeine.

SPASMOLYTIC

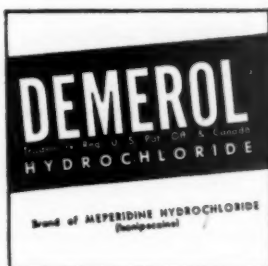
Demerol's spasmolytic action is similar to that of atropine.

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Demerol's sedative effect is mild, but usually sufficient to allay restlessness and induce sleep.

PRACTICALLY NO RISK OF RESPIRATORY DEPRESSION
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Average adult dose: 100 mg. orally or intramuscularly.



HOW SUPPLIED

For oral use: Tablets of 50 mg., bottles of 25 and 100. For intramuscular injection: Ampuls of 2 cc. (100 mg.), boxes of 6 and 25, and vials of 30 cc. (50 mg. per 1 cc.).

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Memo from the Editor

EVERY nurse ought to have two things, according to Fulton J. Sheen: A sense of humor and an incision. "A sense of humor," says Mons. Sheen in the foreword to a book called *Medical Ethics for Nurses*, "in order that she might spread . . . gladness; an incision in order that she might have an experimental understanding and appreciation of pain."

"It is the duty of the nurse to explain," he says, "how suffering fits into the universe. In the face of the undeserved suffering of the just, the unmerited prosperity of the wicked, the misery of the merciful, the pleasures of the sinful, many . . . ask, 'Is this a planned universe, or is it the plaything of chance?'"

The National Council of Catholic Nurses, meeting at the Commodore Perry Hotel in Toledo, May 24th to 26th, will try to find some of the answers to this question. They propose to discuss not only the future of nursing in this changing world, but "the unchanging moral principles" in it as well.

Most of us duck at the sound of the word "moral." But the N.C.C.N. mean to imply nothing frightening or mysterious by this selection of convention theme, we are sure. They mean to show that there are fundamentals of practice, fundamentals of faith, which must be observed, regardless of world change.

On the heels of a war in which right and wrong became hopelessly scrambled depending on where you sat as participant or observer, this uncompromising approach to ethical living is badly needed.

We commend the Council for its courage in tackling that difficult combination of the philosophic-religious aspects of nursing with the practical-professional. This is a particularly appropriate time to remember that both are important to the patient's well-being as well as to the happiness of the individual nurse herself.





Looking into the Army and Navy Future

by John Slinkman

WOMEN WHO SERVE in the post-war nursing services of the Army and Navy are going to enjoy many more benefits than in the pre-Pearl Harbor days if the plans of the Medical Departments of the two services receive the approval of the Secretaries of War and Navy and of Congress.

Better educational opportunities, more pay, permanent commissioned rank, faster promotion—these are just some of the changes which the Medical Departments are expected to recommend to their respective Secretaries.

Some of these changes will be incorporated in legislation which Congress shortly will be asked to approve; others can be carried out by departmental regulation.

All of the proposals are subject to modification or disapproval by the War and Navy Department heads and by Congress. The following discussion of the prospects of postwar service in the Army and Navy Nurse Corps is intended, and must be understood, only as an outline of the type of thinking that is going on today in the Pentagon Building and in the old Naval Medical Center.

In addition to the fact that these

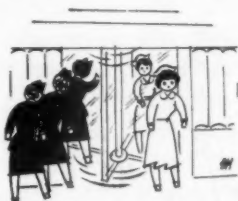
proposals are not yet approved, merger of the military services into a proposed Department of Common Defense would entail modification of the plans of the Medical Departments. It is generally agreed that, if a single department of defense is established, integration of the Army and Navy hospitalization services will be one of the first objectives. Therefore, both Army and Navy are drafting their postwar legislation with the possibility of merger in mind and—under direct orders of President Truman—are attempting to make their personnel policies as uniform as possible.

Permanent commissioned rank is well nigh assured for both Army and Navy nurses. Public Health Service nurses already enjoy permanent commissioned status and the Army and Navy intend to ask for permanent women's reserves with commissioned status for both Wac and Wave officers.

When the permanent rank is achieved, nurses will be entitled to the same benefits as male officers, consistent with their grade. These include pay and allowances, commutation of quarters, uniform gratuities, leave benefits, and mileage al-

lowances for authorized travel.

Initial appointment in the Army Nurse Corps for those without prior service will be in grade of second lieutenant. Advancement to first lieutenant will be automatic after three years' service, and promotion to captain will follow after seven years as first lieutenant, subject to professional examination. But, although male officers would continue to advance on length of service to grades of major and lieutenant colonel, the number of officers in those ranks in the ANC will be fixed to meet actual needs of the Medical Depart-



ment. Forty majors and 18 lieutenant colonels are planned, both grades being filled by selection. The rank will go with a job, rather than to an individual. The captain who is not chosen for an assignment carrying a higher grade will not rise above captain's pay, but she will continue to draw 5 per cent additional pay for each three years of service until, after 30 years, she receives—under present pay laws—a total of \$3,600 base and longevity pay.

The superintendent of the Corps, it is proposed, will have rank of colonel during her four years of office. There will be no legal bar to reappointment for an additional term.

Appointment in the Navy Nurse

Corps will be in grade of ensign, and will be probationary for a 12-month period, instead of the present six months, it is proposed. New appointees will be required to have completed a year of training after graduation.

After three years' service, the Navy nurse will be eligible for promotion to lieutenant (junior grade). Further advancement will be by selection. Under the present staff corps selection laws, failure to be selected after being twice considered will result in discharge or retirement, depending upon the nurse's length of service.

The superintendent of the Navy Nurse Corps will be a captain. There probably will be four commanders and ten or twelve lieutenant commanders. Postwar strength of the N.N.C. will probably be about 2,000 or 2,500. During the year beginning July 1, the Corps is expected to number 3,388, including one captain, five commanders, twelve lieutenant commanders, 530 lieutenants, 1,033 lieutenants (junior grade) and 1,807 ensigns.

Postwar size of the A.N.C. will be about 2,500. With an authorization of six nurses for each 1,000 of actual Army strength, this proposed Corps will fall short of meeting anticipated needs, but deficiencies will be made up by offering periods of extended active duty of six months or longer to members of the Nurse Corps Reserve. The proposed authorized strength of 2,500 is considerably larger than the prewar authorized strength of 949.

Ages for initial appointment in the A.N.C. will be 21 to 26 and for Navy nurses, 22 to 30. Both Corps, however, will make exceptions for both their old Regulars and for the Reserve nurses who have served during the war.

In the Army, any nurse in the present permanent Corps—there are about 900 still serving—will be eligible for a commission. Reserve nurses will be eligible for appointment in the Regular Corps if they were not over 28 on the day they entered on active service. Credit will be given for past service in determining initial rank and status for further promotion. One proposal is that all active service since September 16, 1940, shall be counted for rank and promotion status just as though it was served in the Regular Corps.

Release from active duty will not prejudice a nurse's chances for appointment in either the Army or the Navy. When the Army is ready to make appointments, it is expected to invite applications from all war service nurses and to make its selection on the basis of the nurse's record and physical fitness.

Navy policies will be much the same. After the old Regulars are commissioned, the remainder of the initial vacancies will be filled by appointment of war service nurses, including those out of service for six months or less, applications being limited to those who began continuous active duty before reaching the age of 38.

The Navy intends to insure that nurses will receive credit for past

service in determining initial rank and future promotion, and to guarantee that new and old appointees shall receive exactly the same opportunities for promotion, assignment, and education, and the same pay and retirement benefits.

Both Army and Navy expect to reinstate their prewar bans against service of married nurses; in fact, Navy already has ordered discharge of all married nurses.

Both services still have to reach a decision on recommended change in retirement ages. Under the present law, Navy nurses are retired at age



58. Army nurses now may be retired at age 60.

Nurses of both Corps may, of course, be retired earlier if disabled in line of duty.

Both Corps plan an expansion of opportunities for graduate education for their nurses. The Navy already has approved training of 100 nurses in civilian institutions each year. Nurses will be enrolled for postgraduate work in physiotherapy, occupational therapy, anesthesia, dietetics, psychiatric nursing, and ward management.

Army proposes to give special training in nursing specialties and in administration to 5 per cent of the Corps [Continued on page 100]



MULTIPLE SCLEROSIS

Review of Symptoms and Treatment

by Carolyn Valentine, B. S.

MANY diseases have succumbed to the advances of science, yet there still remain some that refuse to divulge their identity and consequently the mode of treatment, other than palliative, cannot be determined. Such a disease, in the rapidly dwindling list, is multiple sclerosis, also known as insular sclerosis, disseminated sclerosis and sclerose en plaques.

According to Foster Kennedy, "Multiple sclerosis is a diffuse, disseminated, structural disease essentially of the central nervous system, characterized by a degeneration in multiple areas, which leads to widely diversified symptoms, often of transient character, involving chiefly the motor system."

The disease was first recognized by Cruveilhier in 1835, although it was Valentiner (1856) who first described the symptoms. Charcot and Bouchard, some years later, clarified the syndrome and established the classical triad of signs—nystagmus (rapid involuntary movement of eyeball either lateral, vertical, rotary, or mixed), scanning speech (long pauses between syllables), and intention tremor. Since that time the literature on the subject has become vo-

luminous, first in Germany and Scotland, and later in the United States. Within the last few years a lesser number of articles have been written, although some observers believe that multiple sclerosis is more prevalent than syphilis.

This is a disease of young adults and onset usually occurs between the ages of fifteen and thirty-five. Incidence is greater in Europe than in this country, but males and females are equally affected. The cause is unknown and from time to time has been attributed to bacterial infections, thermal influences, toxic conditions, traumatism, fatigue, exposure, and intoxication by such elements as lead and arsenic. Various microorganisms have been held to be responsible for the disease but further study has never substantiated the evidence. Most investigators feel that the disease, because of the way it acts, is due to a specific infection process that involves the nervous system. Some authorities also hold that early psychotic trends may be found in the past histories of sclerosis patients and that there may be a definite relationship between the etiology of the early psychosis and later disease symptoms. They feel that multiple sclerosis may

be a psychosomatic disorder.

SYMPTOMS.—The three classical signs cannot be depended upon entirely for final diagnosis for they are not constant. There is a spastic condition that is especially noticeable although muscular atrophy is rare and there is seldom a complaint of pain. Kennedy gives the signs in order of their diagnostic importance, i.e., fatigue, marked increase of deep reflexes, nystagmus, ataxic tremor of upper extremities and head, loss of abdominal reflexes, disordered gait and station, disturbances of speech (often scanning), pallor of the optic discs on the temporal sides, uncontrolled emotionalism, remissions, transitory palsies of ocular nerves, vague sensory disorders, vesical difficulties and mental changes.

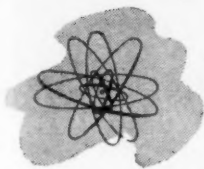
The patient may first consult a doc-

tor because of difficulty in walking, abnormal sensations in the legs, precipitancy of micturation, or double vision. Other symptoms that are noted may be transient blindness or blurring of vision, and sphincter trouble in the early stages. Mental symptoms are usually slight in the early stages of the disease and may be in the form of depression or even a slight manic state. More frequently there is a euphoria (feeling of well-being) for the patient may seem unusually happy and report that he "never felt better." As the disease progresses he may smile and giggle, even if there is nothing to cause amusement, or show emotion by crying easily and without cause. These symptoms may be diagnosed as hysteria, but coupled with other indications, diagnosis can be differentiated from [Continued on page 76]

Probie



"Why are they called patients?"



Some Medical Aspects of the Atomic Bomb

WITH THE ATOMIC BOMB in the forefront of the news, nurses may be interested in hearing the medical symptoms which it created when it was dropped on Nagasaki. A preliminary report by Commander Joseph J. Timmes (U.S.N.M.C.) who began a study on September 11, 1945, approximately 33 days after the initial blast, now reveals facts of interest to all who are potentially concerned with possible victims of atom bombs.

Before appreciating the possible effects upon the people caught in the blast, it is important to consider the circumstances in Nagasaki and the difference between them and the circumstances surrounding the test bomb which was dropped in New Mexico. In this latter case the bomb exploded only 100 feet above the ground causing the earth and surrounding area to contain radio-active material for months after the explosion. The effects produced on human beings by an atomic bomb do not differ materially from those of an ordinary bomb except for the release of radiant energy. The atomic bomb dropped on Nagasaki exploded at an estimated altitude of 800 feet, and it is believed that much of the radiant energy was expended into the atmosphere instead of into the under-

lying terrain. The concentrated energy diffused itself into three main channels: pressure, heat, and radiation. The injuries caused from the pressure were similar to those created by other bomb damage; that is, people were caught under falling debris, thrown out of buildings, or off balance on the street. The heat caused many severe burns as did the radiation. Differentiation between thermal burns and radiation burns was difficult. However, when burns appeared four or five days after the explosion and without apparent cause, it was assumed that they were caused by radiation.

In Dr. Timmes' preliminary report, published in the *Naval Medical Bulletin*, he states that all of the victims came from the same local area and no patient was found who had been beyond three kilometers from the center of the explosion. The patients examined revealed true forms of radiation sickness. The Japanese claimed that almost all of the deaths in the first week were due to the radiation effects of the bomb. Dr. Timmes feels that in this diagnosis they may not have always been correct inasmuch as the Japanese doctors later attributed to radiation many burns which were subsequently found to be of thermal origin. [Continued on page 72]



C.S.N.A. Takes the Lead in Collective Bargaining

by Elsa Gidlow

THREE YEARS AGO the term "collective bargaining," when related to the nursing profession, sent shudders down the spine of almost any nurse leader you can name, with one or two courageous exceptions. Outstanding among the exceptions was Shirley Titus, executive director of the California State Nurses' Association, whose continuing battle for better wages and working conditions for nurses is now history.

The California pioneers of a better place in the economic sun for R.N.'s were regarded with uneasiness and alarm by many, and the bold program of the westerners could not be said to have received either blessing or aid from the upper reaches of national nurse organizations. It is ironic, but quite according to the history of progressive movements, that the conservatives who criticized should find themselves overwhelmed by the majority, overtaken by the times, and compelled by the logic of events to accept the strategy they deplored. This has just come about.

The American Nurses' Association has set up a national committee to advise and guide (and, by inference, stimulate) the State associations in matters of collective bargaining. It

was logical that Miss Titus should be asked to head the A.N.A.'s committee on collective bargaining as she has been one of the pioneers in the movement to effect improved employment conditions for R.N.'s. She has accepted the post and we may look for the development nationwide of the same sort of progressive program that has characterized and still characterizes the California campaign. For this reason it is interesting to review the accomplishments of the C.S.N.A. in the matter of economic gains for nurses and to glance at current and future moves in that direction.

Early in 1943, the directors of the C.S.N.A. brought to the membership their resolve that they had the obligation to act for them on the economic as well as on the professional front. Aside from the obligation, there was also a tactical reason why they should do so: the advances made by labor unions in organizing nurses. Chafing under (in many instances) almost medieval working and living conditions and wages often closer to unskilled than to professional levels of compensation, nurses were more than ready for action.

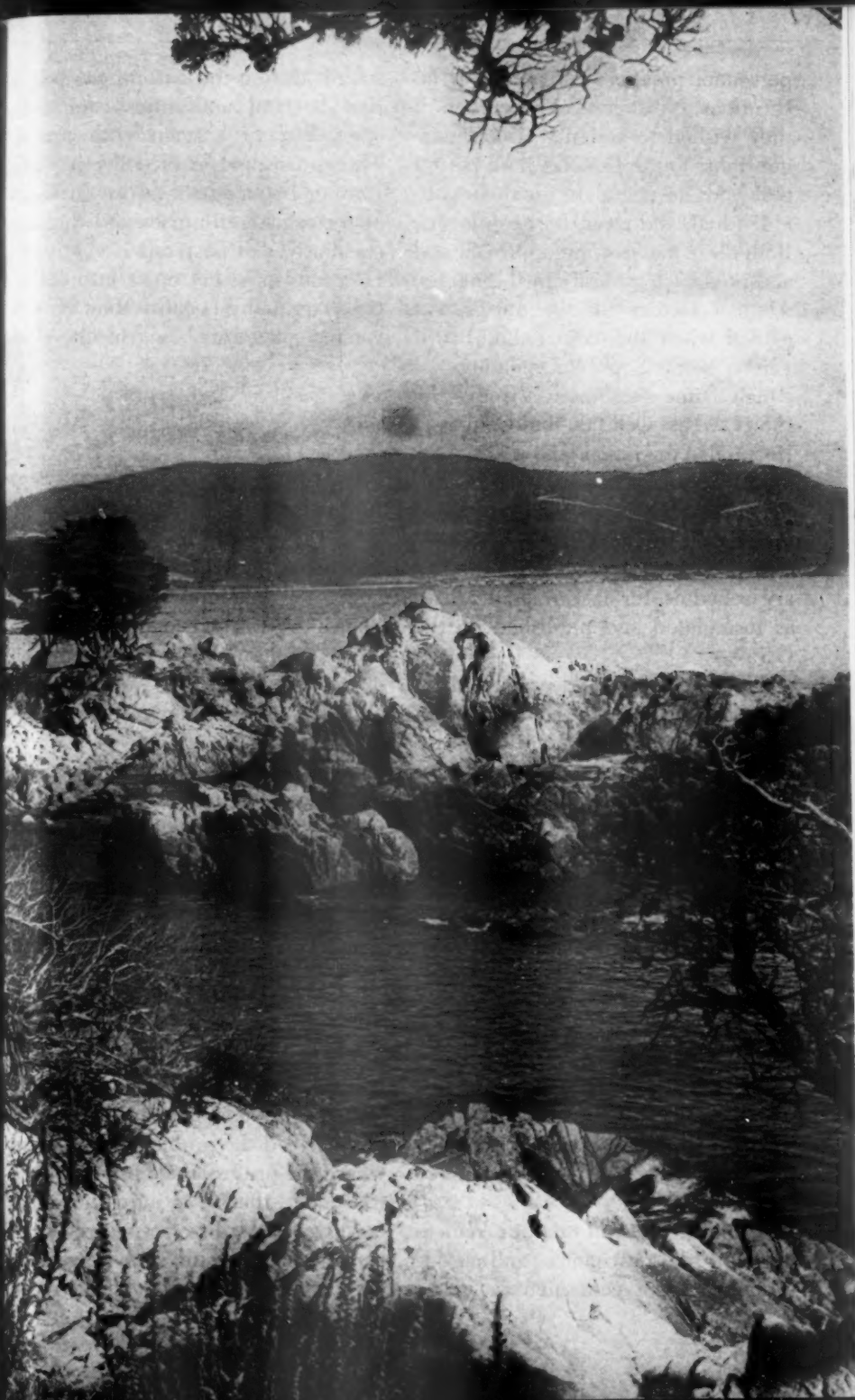
The first step of the Association was to set up a schedule of wages and

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personnel practices for nurses in institutions. Next, it asked members if they wished to assign their bargaining rights to the C.S.N.A. and permit that body to negotiate for them with individual, and groups of, employers. Both these moves were approved and accepted by a majority of the nurses. A great victory for the nurses was gained when the War Labor Board (after holding public meetings at which time testimony from the C.S.N.A. as well as the California Hospital Association was given) established salary brackets for institutional nurses. These salary brackets established by the W.L.B., it is interesting to note, coincide with the salary schedule for institutional nurses as formulated and published by the C.S.N.A.

This one factor above all—W.L.B. support—encouraged the Association to push forward with its program for improved economic standards for nurses, as the W.L.B. decision gave tremendous psychological support to the position of C.S.N.A.

In giving Government recognition to the aims of the nurses, it provided their leaders with an advantage they would otherwise have lacked in talking with hospital executives and hospital association policy makers. It was one of the main factors in helping State, district and local nurse leaders win the gains of the ensuing years. These gains roughly represent a 15 per cent wage increase over 1941 schedules.

A point to bear in mind in connection with the past gains (and an additional 15 per cent increase to be

sought during the current period) is that hospital authorities cannot be *compelled* to bargain with nurses. The entire process of collective bargaining between the representatives of the registered nurses and the representatives of hospitals is voluntary. Hospitals need not enter into collective bargaining because they are not yet recognized as being in interstate



commerce, and hence do not come under the National Labor Relations Board. W.L.B. recognition of the nurses' program helped to accomplish it; the immunity so far from N.L.R.B. authority slows down the nurses' campaign.

Since current bargaining for a better break for nurses is voluntary, C.S.N.A. techniques center around what Miss Titus calls "the creation of a favorable climate of public opinion through the wise and skillful use of publicity and psychological pressures."

This approach has characterized each subsequent step in the C.S.N.A. program. After the gains on the institutional front were well on the way to becoming general, the Association next tackled the problem at the point where the professional and the industrial meet—that is, in industrial nursing. Union leaders recognized that here was the profession's weakest point and they worked hard to win

industrial nurses into the labor fold. They made some notable gains as, for instance, in the case of the Kaiser shipyards where the A. F. of L. made inroads into the ranks of industrial nurses, particularly in First Aid Stations. [R.N., March 1944].

The newly organized Industrial Nurse Section of the C.S.N.A. worked out a schedule of minimum salaries



for industrial nurses and presented it to the War Labor Board. While the final scale established by the W.L.B. did not coincide with the C.S.N.A. industrial schedule, it was appreciably higher than the wages being paid throughout the State as revealed by the W.L.B.'s own sampling, and was also higher than that approved for general work.

Industrial sections in the various districts of C.S.N.A. then went to work to win agreements with industrial firms, backed up by the Association headquarters, and a number of contracts were won. This, in spite of the fact that industrial employers (even though under N.L.R.B.) were disinclined to take the professional association entirely seriously when there were only three or four nurses in a plant employing, say, a thousand other workers. Even here the indirect pressures were found to be more effective in the long run than the direct,

and most industrial nurses were able to obtain wages and working conditions in line with C.S.N.A. standards.

Some skeptics have remarked that under war conditions nurses would have obtained higher salaries anyway. Yet, in industry where very high wages often prevailed, even for unskilled workers, nurses were persistently ignored by the management, and in most instances were only brought into line after C.S.N.A. pressure. Here is a typical instance: In one shipyard the nurses were being paid \$135 a month. Women who cleaned up the yards, picking up papers on a stick (union members) drew \$200 a month. Representations made by the Industrial Nurse Section eventually resulted in a revision of compensation in line with the schedule set up by C.S.N.A. and approved by W.L.B.

The next move of the Association was to provide a frame for assistance to public health nurses. Feeling themselves left behind economically and fast becoming the orphans of the profession, rank and file public health nurses appealed to the State Association for support and guidance. In 1944 the Public Health Section was formed.

During 1945, the situation of this group was thoroughly studied and a schedule of employment standards set up. It was approved in September 1945 by all concerned. It takes in salaries, personnel practices, titles, job descriptions, and qualifications.

Still another group for which C.S.N.A. went to bat was the Private Duty Section. During the war, the

compensation for this group was raised to \$8 for an eight-hour day. When the new schedule goes through, embodying the second 15 per cent cost-of-living increase, private duty fees will be increased to \$9 for an eight-hour day.

The Association is now working on a second 15 per cent wage increase for institutional nurses (making a total of 30 per cent over 1941 schedule), and for reduction of working time to a 40-hour week. The new aims are embodied in three resolutions that have been adopted by the C.S.N.A.

"1. That the 1943-44 salary standards be increased by 15 per cent, and that every effort be made to secure acceptance of this increase immediately.

"2. That a reduced schedule of working hours to 40 per week, on a five-day basis, be instituted as soon as the acute shortage of registered, professional nurses is relieved so as to permit such a schedule.

"3. That continued efforts be made to obtain recognition of the personnel practices, formulated by the California State Nurses' Association."

These aims were immediately pre-

sented and publicized by both the State and district and important gains are beginning to be reported. At this writing these may be summed up as follows:

Three hospital conferences have acted to meet the new schedules. These are: San Francisco Hospital Conference and East Bay Hospital Conference, both of which voted the additional 15 per cent increase, bringing base salaries to \$180 a month, with an increase for every six months of service until the maximum of \$195 is reached. Both also agreed to award increases to head nurses and supervisors sufficient to maintain the present differential over the staff nurse salaries. The Redwood Empire Hospital Conference voted complete approval of the new employment goals of the C.S.N.A. and requested member hospitals to bring wages into conformity therewith. Even before this action of the Conference, a member, the Sonoma County Hospital, had voted more than the 15 per cent increase, improvement in personnel practices, and a new retirement plan. More than two dozen individual hospitals have met the new proposals at this writing [*Continued on page 90*]

The simpler the statement and the more frequent the reiteration, the more the plain people will understand the message of science . . . I always warn my colleagues to use plain words, to search their vocabularies for the vernacular and to describe by simple statements large facts that are scientific but which can be made impressive if they are related to the daily human experience of simple people.—LILLIAN WALD, TO THE AMERICAN RELIEF ADMINISTRATION, 1919.



New Hope for SOCIAL SECURITY

EVERY NURSE in the United States may be benefited economically as a result of the hearings on proposed changes to the nation's social security laws which were begun February 25 by the House of Representative's Ways and Means Committee and which are expected to continue for several weeks.

Among the changes to the Act being studied by the committee are:

1. Extension of social security benefits to employees of nonprofit institutions, to employees of State and local governments and to the self-employed—categories into which most of the working nurses fall.

2. Granting social security credits to members of the armed forces, including the thousands of nurses who saw military service.

3. Lowering the age at which women may begin to receive old age pensions from 65 to 60 years.

4. Increasing amount of benefits payable.

5. Paying benefits in cases of permanent disability.

All of these changes have been recommended by the Social Security Board and have in general been endorsed, by implication, by the Ways and Means Committee's own staff. In a 742-page report submitted to the

committee in February, no recommendations were made as such, but it was apparent that the staff favored broadening of coverage, granting of credits for military service, and paying benefits for disability.

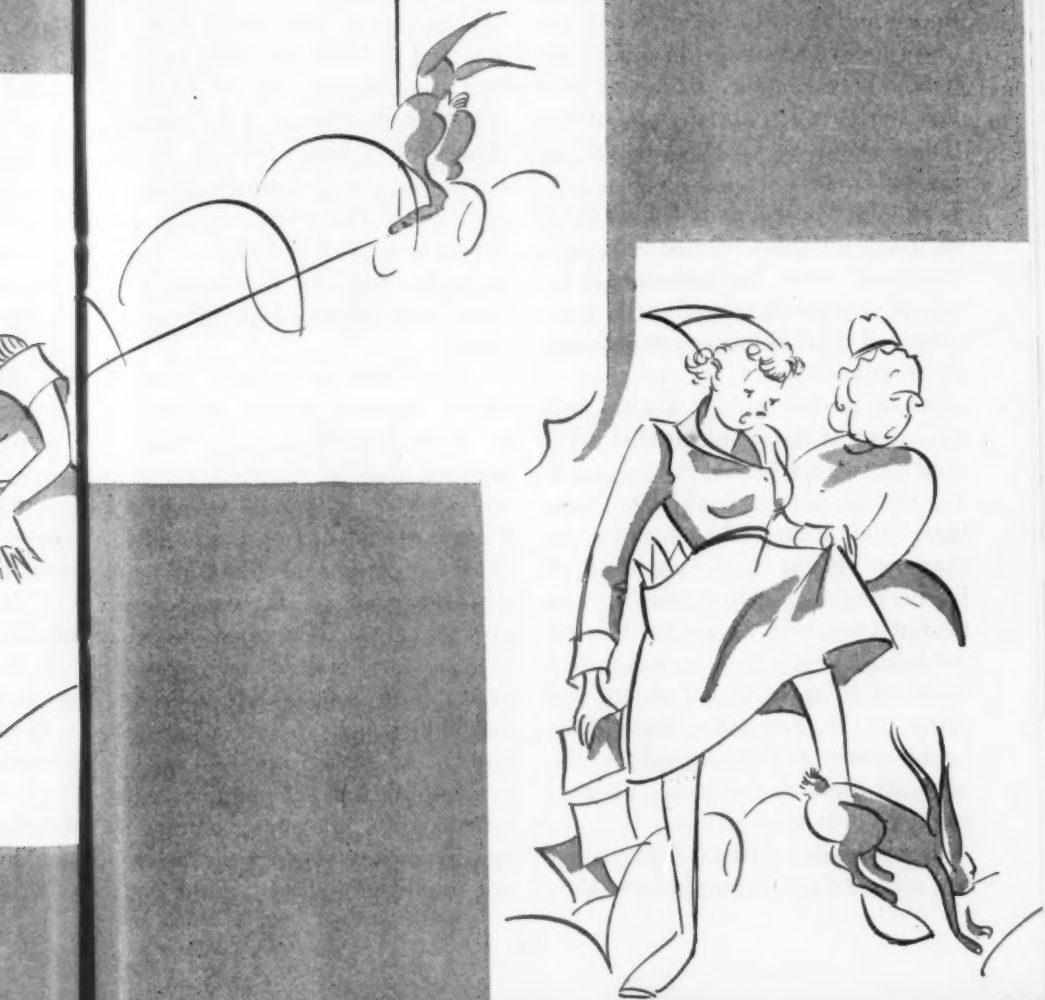
Of broadened coverage, the staff reported that experience with social security has suggested means of overcoming administrative difficulties which originally led to exclusion of certain classes of workers from social security benefits, that there was a tremendous migration of workers into and out of "covered" jobs, and that—with social security now covering about three jobs out of five—"exclusion of the other two jobs gives rise to problems, and causes inequities and anomalies, which are perhaps more significant than any others which arise in connection with the program."

Turning particularly to the self-employed, the staff remarked that administrative problems "are not insurmountable" and that "coverage of a very large part of this group is now feasible."

The staff reminded that employees of nonprofit organizations have the same need for old age and survivors insurances as other groups, and stated: [Continued on page 84]



Out-Patient





What's Wrong with V.N.A. Standing Orders?

by Evelyn Brannen, R.N.

FOR ALL THE FACT that public health nursing is one of the up-and-coming branches of the profession, the average public health nurse will tell you that there is noticeable unrest and dissatisfaction among the ranks today. An official of one of the national associations remarked that this unrest was "a symptom of the times," and as such "should be ignored."

Should it be ignored? I don't think so. There are good reasons for everything and when the professional future of an entire group of nurses is involved, I think these symptoms bear examination.

As a former public health staff nurse, one of the problems that bothered me was the inadequacy of standing orders. Public health organizations and industrial concerns use these as a guide for the nursing staff in meeting emergency situations or on first visits where a doctor has not yet been called. I made an exhaustive study of 11 such sets of orders and came to the conclusion that public health nursing—if measured on the basis of these—is far from "up-and-coming": it is static!

The standing orders I examined and analyzed came from 11 large U.S.

cities. Few deviated in any way from the standing orders set up by the N.O.P.H.N. and published in the *Manual of Public Health Nursing*, Third Edition, revised in 1939. In a few instances, procedures had been adapted to local situations but there was a noteworthy lack of originality. Although the format of the published orders might have differed, the contents were disappointingly similar and uninspired. This seems unfortunate in the face of rapid and radical changes in medications and treatments which have been advanced in the past few years.

All of these orders were given the seal of approval of some State, county, or local medical group. Since organized medical groups tend to be conservative, it is small wonder that there is a tendency on the part of all of these groups to blandly ignore what, to some of us, would signify progress. If the older, more conservative men will not advance with the times, less conservative personnel should be sought out and close cooperation established with them.

In studying the general orders in common use, one finds that for the most part they stop where the average intelligent person would begin.

While most of them include taking the temperature and giving general care and bath, the nurse is instructed to urge the calling of a physician if the need is indicated (in one instance), and may (in another) "diagnose" the case in order to notify the Health Department.

Consider these instructions regarding antepartum care in a large Midwestern city: "In abnormal cases, visit every day or every two days. If not under medical care, discharge." Would such instruction convince an intelligent public health nurse that she was doing her duty—all of it—to her patient?

In the case of postpartum hemorrhage, five of the organizations studied refused to consider the possibility that it might occur: they had no covering orders for this very common emergency. Four of the other six organizations prefaced their standing orders with the excellent advice "Send for the physician"—but other-



wise limited the nurse to gentle massage of the abdomen and to holding the fundus firmly.

A West Coast metropolis suggests, in the same situation, that two ergot pills be given, while still another city (this one in the Midwest and one of our great public-health nursing centers) wants the patient "kept warm, quiet, and reassured."

It is incredible to think that any nurse could be expected to stand by in a situation like this and not do everything possible to control the hemorrhage and even avert death. It is also incredible to think that standing orders would not protect her for whatever action she might feel obliged to take in such an emergency.

Either there should be more ade-



quate orders throughout the organizations generally, or all public health nurses should be given carte blanche to do everything which they have learned in their previous experience to control bleeding.

In all the standing orders of the group of organizations studied—and, for that matter, in the N.O.P.H.N. Manual—the care of the cord of the newborn is stressed. But all the orders ignore the fact that the umbilicus needs attention after the cord comes off.

There are some standing orders common to all the agencies studied. All have orders for the care of infantile diarrhea, infantile convulsions, earache, discharging ears, and care of the eyes. The latter three conditions are fairly well taken care of in negative fashion—in other words, don't do much of anything, but do get the patient under medical care fast. Most nurses have learned these fundamen-

tals early in the game, and a surprisingly large number of mothers also seem to have absorbed similar fundamental knowledge somewhere along the way.

For infantile diarrhea, however, the treatment-instructions vary considerably. Treatment runs all the way from doing nothing to doing everything. Some organizations say to give nothing by mouth. Others order tea, boiled water or barley water, or all the aforementioned fluids. Infantile convulsions receive similar treatment. The nurse may take her choice of doing nothing, giving an s.s. enema, a saline colonic irrigation, a mustard bath, a warm bath with skin friction, or a cool sponge. If you are in an East Coast city, you may give a mustard bath, ice to the head, an s.s. enema, or a saline enema. In the Midwest you use the same treatment for both convulsions and diarrhea. It would seem that a little common sense sprinkled sparingly might be of more help.

Here and there throughout the orders there are bright spots which are worth attention. In Boston there is an

emergency formula for new babies. In Brooklyn, in case of bleeding, Red Cross first aid may be administered. In Richmond, in the case of accident or emergency, a nurse may administer first aid as indicated until the arrival of the doctor. Minneapolis has a mental health consultant on the staff and psychotic patients are cared for if the patient requires bedside care. Cleveland recognizes that nurses may sometimes be useful outside the routine of home visits and states that in cases of street accidents or emergencies, "When in uniform offer your services, if needed."

Candidly, from my brief survey, it would appear that the public health nurse is, at the moment, making a poor showing when contrasted with nurses in other fields. It is time that nurses stood on their own dignity, integrity, and intelligence and became a professional entity rather than a group of skilled tradesmen held back by regulations which fail to recognize their abilities.

Former service personnel, and nurses who [Continued on page 96]

Serious and energetic reorganization on soundly educational lines is indicated in the stirrings of postwar activity in many countries. It may be that two tendencies are working out before our eyes; namely, a shrinkage and transformation of a considerable bulk of private personal service on the old lines, to an enlarged and growing sphere of socialized public service. This surmise is strengthened by . . . the expansion of health departments in Government, the promises of national health insurance acts, and the oncoming new organization of industry.—LAVINIA DOCK AND ISABEL STEWART, "A SHORT HISTORY OF NURSING," JANUARY 1920.

Calling All Nurses

NURSES WHO WANT to locate friends whose addresses have been recently changed or become lost during the past few years may submit for publication, without charge, a short notice of about 75 words "calling" for information about any other registered nurse.



MARY KATHRYN AMICK: Home town Columbus, Ohio. Worked at Walter Reed Hospital in 1935 and 1936, later at the Veterans Hospital in Indianapolis. Please communicate with Ed. Jones, Lincoln, Ill.

LT. ANNA CHOMSKY, A.N.C.: Was in Camp Grant about Aug. 1, 1944. Believed to have married Captain Ronald V. Powers of St. Paul about Oct. 1945 on the French Riviera. Was expected back from overseas about Jan. 15, 1946. Please communicate with former Lt. E. Siffo, c/o Health Dept., New York City.

NURSES OF THE 11TH FIELD HOSPITAL: If you were assigned or attached to this hospital at any time, we are interested in hearing from you. We are now publishing a newspaper and would like to have it reach you. Please communicate with Clifford W.

Nyberg, President, 11th Field Hospital Association, Cokato, Minn.

LT. MARY KENNEDY, A.N.C.: Was on detached service from a train unit and stationed at 192nd General Hospital in England. Later went to the Continent. Please communicate with M. Isobel Macdonald, 49 Hartford St., Framingham, Mass.

JULIA BUDINSKI: Formerly of Highland Hospital, Rochester, N.Y. Her former patient (1944) would like to contact her. Please communicate with Clara A. Tomisman, 46 Irving Street, Albany, N.Y.

MARY MARGARET HERRINGTON: At one time connected with Iola Sanatorium in Rochester, N.Y. Was later with a hospital upstate New York. Please communicate with: Alexes MacAulay, Hospital for Joint Diseases, 1919 Madison Ave., New York City.

GRADUATES OF S.C. STATE HOSPITAL: If you attended our training school since its inception in 1893, please communicate with Lillian K. Harrison, S.C. State Hospital, Columbia, S.C., concerning class pictures.

CLASS OF MAY 1911, BLACKLEY, PHILA., PA.: Fellow graduate desires to contact classmates. Please communicate with Marie X. Long, Y.M.C.A., New Rochelle, N.Y.



The New Flour— What It Is and Means

by Susan Carter

PRESIDENT TRUMAN has asked for greater conservation of wheat so we can speed relief to the starving peoples of the world. In a nine-point order the President stated that "for the world as a whole, a food crisis has developed which may prove to be the worst of modern times. More people face starvation and even actual death for want of food today than in any war year and perhaps more than in all the war years combined. I am sure that the American people are in favor of carrying their share of the burden."

Several of these nine points which aim toward conservation of food relate to the basic food, wheat. Conservation of bread through a vigorous campaign has been urged, and full co-operation of all consumers. No wheat is to be used for beverage alcohols, namely beer, and this is estimated as saving 20 million bushels of grain by June 30. Added to inventory controls of wheat and flour, release of ships, and less grain for animal feeds is a third point which describes what is termed "80 per cent extraction wheat flour."

The present amount of flour that is extracted from the wheat runs between 65 and 70 per cent. The new order calls for extraction of 80 per

cent. In other words, at present the quantity of flour produced from each bushel of wheat will be raised to 80 per cent for the duration of the emergency. It is expected that this step together with distribution of flour in amounts essential for current civilian needs, will save about 25 million bushels of wheat during the first half of 1946.

Some bakers feel that the American public will be dissatisfied with the new loaf and that less bread will be consumed. Others have expressed fear that the decreased amount of animal feed, now derived from the per cent remaining after extraction, may have dire results.

For the consumer, "the new 80 per



cent flour" is flour representing at least 80 per cent of the weight of the cleaned wheat from which it has been milled. It will be equivalent to a straight grade flour to which has been added about 11 per cent of material from the mill-feed fraction. The only

white flour of the 72 per cent extraction level that will be obtainable by the public will be that prescribed by a physician as necessary to the health of an individual. It will be procured in a manner similar to that used for obtaining medicinal whiskey during Prohibition.

If present enrichment levels are maintained, the new 80 per cent flour will give the same nutritional values, and in addition the protein quality will improve, according to the Bureau of Human Nutrition, U.S. Department of Agriculture. The Department also points out that the new flour, when unenriched, does not have as much thiamin, riboflavin, niacin, and iron as the present enriched white flour.

From the standpoint of handling



(the flour will be used for every type of baked goods) there may be minor changes. The mixing time will be much shorter, but longer fermentation time will be required. Salt content should be increased slightly, and no diastatically active malt should be used. When properly mixed, however, the high extraction flour will handle well, and the loaf of bread made from it will have a good grain, soft and velvety texture, and good keeping and toasting qualities. The crust of the bread will be slightly

darker with the crumb an off-white or light creamy color. Aroma, taste, and chewing properties are about the same as the former loaf.

The manufacture of special cake flour ceased on March 1, but there still remains the all-purpose flour that will give excellent results. All manufacturers will include directions for use of the new flour so you should read and follow their suggestions. Cakes baked with the new flour will tend to be somewhat darker, but their taste will show little change, although some believe that they will become stale more quickly. The crust of a sponge cake will be a bit thicker but otherwise there will be nothing to change it.

Some of the cereals will disappear at once, the familiar white farina being the first casualty of the new order. Most of the cookies on the market have some color anyway, so you will notice little difference in them. Crackers may be a bit darker but unless you compare them directly with the pre-emergency type you will fail to note the change. Some of the biscuit manufacturers believe that they will find it necessary to add more shortening, spices, and sugar. Whatever happens to these wheat products the burden of the change is in the hands of the manufacturer and you can be sure that he will give time and study to the new problems that have arisen.

You may expect to see and hear a good deal of publicity and propaganda about the acceptance of this flour and the products that will be made from it. Already President Truman and [Continued on page 98]



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To the rehabilitation of civilians in devastated lands, scores of American nurses are dedicated. Here is the story of two who have seen war's heaviest toll in Italy.

Women Who Nurse

An Interview with two U.N.R.R.A. nurses

ADA BEERSTECHER and Alison MacBride, U.S.P.H.S. nurses now on duty with U.N.R.R.A., stopped in Washington in January just long enough to shake the Italian dust out of their uniforms before, eager to tackle the next tough job, they set out for China.

"Yes, it's a hectic life, but we wouldn't change it," said the globe-trotting nurses when interviewed the day before they left. For the moment, in the comparative serenity of the old house on New Hampshire Avenue which has been converted into an office building and now houses the headquarters of the U.N.R.R.A. Health Division, these two busy people were actually still. But Ada Beerstecher, slim and alert, hazel eyes sparkling, was even then practically sitting on the edge of her chair.

"You see, in Italy, where we went in September 1944, we were literally in the wake of the armies," she explained. "We lived under such constant tension it's still a little hard to relax. Even now—" She was suddenly quiet, her bright eyes darkening. "Even now," Alison MacBride said, "thousands of miles away, we can't

forget the horror we left behind. When you've lived for more than a year among people who never had enough to eat, when you've seen them shivering in the winter wind in their rags—when you've worked with little children afflicted with rickets because of malnutrition, or have seen them die from tuberculosis before your eyes, or covered with sores from scabies because they had no money to buy soap, even if there had been any soap to buy, it's—well, it's a little hard to casually take all the comforts we have here. Besides, this comfortable chair seems a little tame to me nowadays. I'm more at home in my jeep."

For in Italy, where the roads have literally been blasted out of the earth by bombing and many bridges have been destroyed, Miss MacBride, who is a major in the Public Health Service, visited the nurses and institutions in her district in a jeep. "I just jounced along," she said.

Alison MacBride is steady and serene, her shoulders are broad, her manner direct, her sudden little flashes of humor are unexpected and engaging. "I wasn't very reckless in my jeep though," she said. "Somebody had to drive carefully because there are so

many reckless drivers on the road. I never made a trip without seeing a motor accident on the road. Then I would get out of my jeep and bind up the wounded or take them into the hospitals."

The shortage of all kinds of supplies has been the worst hindrance to the restoration of an effective public health service in Italy, the nurses reported. At first U.N.R.R.A. had a very limited program in Italy, helping only expectant and nursing mothers and children. Now that the expanded program is getting underway, things are better. But when U.N.R.R.A. arrived, the Italians needed everything. The civilian nurses and doctors in the hospitals were as ragged as their poorest patients. The most elementary equipment for hospitals, bed linen, cotton, gauze, disinfectants, were unavailable. But soap, made from that scarce commodity, fat, was the most desperately needed item of all.

"Each public health officer in Italy wished for and needed a shipload of soap," Miss Beerstecher said.

"Other supplies vitally needed were penicillin, all kinds of vaccines, and DDT. DDT is essential to kill the malaria-carrying mosquito and the typhus-spreading louse. Often we had to sterilize hospital beds with plain hot water. But of course now that U.N.R.R.A. has been able to deliver supplies, things are better."

At present U.N.R.R.A. has 12 doctors, 14 nurses and two sanitation officers in Italy. Working in cooperation with officials of the Italian Ministry of Health, these people are not only giving emergency treatment,

but are helping to restore the public health system so Italians can carry on when U.N.R.R.A.'s part is done. In 1945, the period of the limited program for Italy, U.N.R.R.A. delivered to the Italian government more than four million dollars worth of medical supplies. This included hospital equipment, drugs, chemicals, dressings, surgical instruments, dental instruments, and X-ray machines, supplies for the control of epidemics—including tons of the precious DDT—and others to be used in sanitation work. In 1946, under the expanded program, Italy will receive sixteen million dollars worth of supplies.

As a Regional Nurse Consultant in the Italian Health Mission, Miss Beerstecher (now a U.S.P.H.S. captain) was called in for consultation on the best way of caring for the mothers and children who were among the 500 people found living in eight caves near Naples.

"The condition of these twentieth century cave dwellers was unbelievable, and for me, almost indescribable. We found whole families sleeping in one bed, depending on their own animal warmth and the rags they pulled around them to keep from freezing. When it rained the water was several feet deep. The caves were always damp. Having no soap, the people were dirty. They had scabies. There were lice in their heads. Cold, ill-fed, clad in tatters, living in caves that were always damp, these people existed in filth, were preyed upon by disease.

"And yet, even in these poor surroundings, one was struck by the in-

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domitable courage and optimism of the people. The mothers cared for their children tenderly and with an irrespressible gaiety that even the water on the floor of the caves could not drown. They cradled them in flimsy baskets, crooned lullabies to them, and managed in those primitive surroundings to create a feeling of home. Almost every family had a pet, a dog or a stray cat which they fed from their meagre rations. And in almost every cave that we entered we found U.N.R.R.A. posters. U.N.R.R.A. means hope and life to these people."

"Of course, ill-nourished as they were, and living in such surroundings, the people were diseased. Trachoma has blinded many of the children because they had no resistance with which to fight the disease. Almost everyone had some sort of respiratory ailment and many had tuberculosis.

By the time she left Italy, Miss Beerstecher said, plans had been completed to move the cave dwellers to more civilized quarters, and health

and welfare officials were already working at making them comfortable and healthy again.

"So at least when I get to China I won't be lying awake at night worrying about our Italian friends," she said. "I know that they are in good hands."

Miss MacBride will be Chief Nurse of the U.N.R.R.A. Health Mission in China. Born in Brooklyn, she received her B.S. degree from Columbia University in New York, and her degree in nursing from the Presbyterian Hospital School of Nursing in New York. Miss Beerstecher, who will be a Regional Nurse Consultant in China, is a native of Montana, who now lives—at those rare times when she is in the United States—in Lancaster, Pennsylvania. She received her B.S. degree from Montana State College and was graduated from the Johns Hopkins Hospital Training School in Baltimore, Maryland, and received her M.A. in Public Health Nursing from Columbia University.



"We had to make room for the flowers."

Reviewing the News

Hearings

Public hearings on the much discussed Wagner-Murray-Dingell bill are scheduled to begin April 2 by the Senate Education and Labor Committee. The measure, endorsed in principle by President Truman, but bitterly opposed by a large part of the medical profession, would provide medical care for all population groups through a system of payroll taxes. Testimony of the American Medical Association is expected to begin May 17.

U.S.P.H.S. Fellowships

Fellowships for one year of graduate study in health education, leading to a master's degree in public health, are being offered by the U.S.P.H.S. through funds made available by the National Foundation for Infantile Paralysis.

The fellowships, which are effective for the academic year starting in the fall of 1946, are offered men and women between the ages of 22 and 40 who are U.S. citizens and, in addition to a bachelor's degree from a recognized college or university, have such background in biology, sociology, physical sciences, and education as may be required by the schools of their choice.

In addition to tuition and travel ex-



penses for field experience, the fellowships carry a stipend of \$100 a month for the entire period of academic and field training. In the case of veterans, the subsistence allowance for veterans granted under the G.I. Bill of Rights will be supplemented by fellowship funds to bring the stipend up to \$100 a month.

Applications must be in the office of the Surgeon General, U.S.P.H.S., Washington 25, D.C. not later than June 1, 1946. These fellowships are not available to employees of departments of health as they are eligible for grants-in-aid to further their education.

Medical Goodwill

The J.A.M.A. reports a grant of \$300,000 from the Rockefeller Foundation to the British Royal Society of Medicine to set up and maintain a central medical library bureau to rehabilitate devastated stores of medical source material in Europe. Pri-

mary objective is the reorganization of medical libraries in liberated countries. Secondary projects include provision for rapid interchange of medical knowledge "between individuals and institutions."

Because of paper shortages, many medical documents may be distributed on microfilm in order to avoid delays in restocking libraries depleted by German theft and devastation in a number of countries.

Precedent

The relationship of district nursing associations in the national organization structure was recently clarified by an episode on the West Coast which prompted a statement from the A.N.A. to the effect that "the status of a district association is a State and not an American Nurses Association matter."

In January, the Washington State Nurses Association queried the A.N.A. as to procedure in cases where a district association refused to amend its by-laws regarding dues to conform with a rise in State dues. The Kings County Association of Graduate

Nurses, Inc., District 2 of the W.S.N.A., which includes the city of Seattle, had taken action which on the primary vote turned down the requested dues increase. After considerable discussion from the floor, the matter was brought up again and revoted. On the second vote the increase was passed by a small majority. But subsequently the vote to reconsider was declared illegal. Answer to the Washington State inquiry came in the form of a telegram from the chairman of the A.N.A. committee on by-laws. It said:

"Constituent units of American Nurses Association are State nurses associations. District associations, as members or constituent units of State nurses associations, are recognized as units in organization structure but do not have independent status in American Nurses Association. Therefore, status of a district association is a State and not an American Nurses Association matter. Status of district association with American Nurses Association depends upon its status in State nurses association. Strongly recommend you consult legal counsel in your State."

The president of District 2 then called attention to Article XV, Section 8, of W.S.N.A. by-laws which provides: District associations which fail to comply with the by-laws may be dropped from membership by a two-thirds vote of the [State] board of directors, provided due notice is given at least three months before a vote is to be taken.

The incident establishes the fact that A.N.A. assumes no direct control



over its local branches, all authority being required to progress "through channels" from national to State and from State to district. Thus the status of a district association which might be voted out of the State association is made clear and final. But the status of an individual nurse member of such a district, so far as her State and A.N.A. membership is concerned, remains in doubt should this eventuality arrive.

Navy Progress

For the first time in the history of the Navy Nurse Corps, block promotions of lieutenants (senior grade) to the grade of lieutenant commander have been made, based on time in service, the N.N.C. announced this month. Previous to March 1, 1945, all promotions for advancement in rank were made by selection. From that date on, nurses in grades of ensign and of lieutenant (j.g.), have been promoted *en bloc* to the next higher rank. It is expected that the current promotions in the three ranks will affect some 1,425 members of the Corps.



The N.N.C. has also announced that the first of the new educational programs to be inaugurated for Navy nurses is a course in physical therapy which is currently being given at the Medical College of Virginia in Richmond. The nine months' course when satisfactorily completed will carry full accreditation, making the nurses eligible for membership in the American Physical Therapy Association as registered physical therapists.

The Navy is planning to provide training in accredited institutions for 100 of its nurses each year. Study in the fields of occupational therapy, anesthesia, psychiatric nursing, teaching, and ward management will be opened to additional members of the Corps in the near future.

Psychiatric Legislation

On March 15 the House passed H.R.-4512, a bill to create a research bureau to investigate causes of cancer and psychiatric disorders. This legislation, which would give the U.S.P.H.S. additional authority and funds to attack the problem of mental diseases, will now go to the Senate for consideration.

The bill provides that: "The purpose of this Act is the improvement of the mental health of the people of the United States through the conducting of researches, investigations, experiments, and demonstrations relating to the cause and diagnosis and treatment of psychiatric disorders; assisting and fostering such research activities by public and private agencies, and promoting the coordi-

nation of all such researches and activities and the useful application of their results; training personnel in matters relating to mental health; and developing and assisting States in the use of the most effective methods of prevention, diagnosis and treatment of psychiatric disorders."

It would create a National Advisory Mental Health Council composed of six authorities in the mental health field, who would assist the Surgeon General of the U.S.P.H.S. in planning and developing a national mental health program. The annual authorization of \$20,000,000 for public health grants to States would be raised by the bill to \$30,000,000 of which \$3,000,000 could be used to provide demonstrations and to train personnel for State and local health work. In addition, \$4,500,000 would be authorized to construct and equip a National Institute of Mental Health in or near Washington, D.C.

Debuts

The A.N.A. Professional Counseling & Placement Service, Inc. has announced the opening of additional counseling and placement centers for nurses throughout the country. Twenty-four State nurses' associations have appointed counselors since the organization was incorporated last May. Twelve of these counselors are on a full-time basis, the remainder carrying a combination of duties, according to the P.C. & P.S.

The majority of funds for State centers are being contributed through membership dues, or provided

through reserve funds if so voted by members of State associations. Some centers are being financed by foundations, community chest funds, or by State boards of nurse examiners, the Counseling & Placement Service says. No information has been released as to receipt of funds from the Veterans Administration (\$20 per veteran counseled) under the terms of the contractual agreement signed by the Professional Counseling & Placement Service and the V.A. last August. Information received by R.N. from the Veterans Administration, however, reveals that up until February, at least, no V.A. funds had been paid, under the terms of the contract, for veteran counseling by the A.N.A. Professional Counseling & Placement Service. The contract comes up for renewal, revision, or cancellation (depending on the wishes of each of the contracting organizations) this summer, by which time it will have run its full term of one year.

Meanwhile, the former Nurse Placement Service in Chicago is functioning as sole national unit for A.N.A. counseling *and placement*. Its books carry six times more positions available than available candidates for placement. The New York office, at 1790 Broadway, under the direction of Miss Helen Roser, does counseling work and refers job applications to its Chicago branch. The local dispute of the P.C. & P.S. with the New York City Department of Licenses remains unsettled, although the counseling service has served a Writ of Mandamus on former Commissioner of Licenses, Paul Moss, for failure to grant

the organization an employment agency license.

Dr. Frances Triggs, under whose guidance a large part of the program for nationwide counseling and placement took shape, is reported no longer with the P.C. & P.S. as personnel consultant.

Dollars and Sense

Pay increases have been proposed for nurses in the federal services, both military and civilian.

Last December, legislation was passed by the Senate increasing federal civilian employees' wages by 11 per cent. The bill has been under study by the House Civil Service Committee whose members currently favor a larger increase of from 15 to 18 per cent.

An inter-service committee, which has been making a study of the remuneration of civil servants, recommended on February 26 a 20 per cent increase in the base pay of officers, warrant officers, enlisted men, and cadets of the Army, Navy, Marine Corps, and Coast Guard, Public Health Service, and Geodetic Sur-

vey. Rental and subsistence allowances for officers were also to be increased by 20 per cent, according to the recommendation.

The increases were proposed as basic amendments to the Service Pay Act of June 16, 1942 and, if adopted, would form a new basis for computing longevity and retirement pay. Congress is not receiving the proposal too cordially, although it has the approval of the Secretaries of War and Navy. Secretary Patterson has stated, "The pay of officers should be raised by 20 per cent. Since 1908 their pay and allowances have been increased by only 26 per cent, while the cost of living has gone up 108 per cent."

The recommendations of the inter-service board did not specifically touch upon Army and Navy nurses' pay. However, Army and Navy nurses would receive the increase during the war period, since their pay is equivalent to that of officers until six months after the war emergency. Presumably, before that period ends, legislation will be proposed to give both Army and Navy nurses the same status permanently as male of-



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New booklet "*Making the World Safe for Baby*" by Beulah France, R.N., gives much helpful information. Write: Trimble, 80 Wren St., Rochester 13, N. Y.



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JILL: Count 'em! First, when Mennen Baby Oil is smoothed on us daily, it helps keep our skins healthy and comfy, no nasty chafes or prickles (that saves *you* extra work, nurse) . . .

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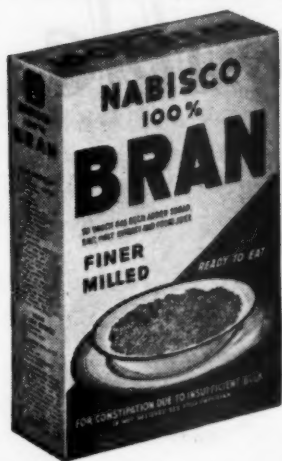
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ficers—a status which Public Health Nurses already enjoy.

Under the service pay proposal, second lieutenants and ensigns would have a yearly increase from \$1,800 to \$2,160 a year, and their rental allowance (without dependents) would be boosted from \$45 to \$50 a month. Increases in the higher grades would be proportionately higher.

Cadet Finance

President Truman has asked Congress to appropriate \$16,713,000 to finance nurse training under the Bolton Act for the fiscal year July 1, 1946 through June 30, 1947.

Although no new admissions have been accepted in the Cadet Nurse Corps since last October, the administrative staff is expected to decrease only slightly during 1947 as many cadet nurses still have one or two years before completing their training period. The Corps is already 8,000 below its October 15, 1945 peak strength through graduations and separations. The saving of expenses due to closing out of recruitment publicity has been nearly matched by a buildup of the auditing staffs.

During the 1947 fiscal year, 35,675 nurses are expected to graduate from the Corps, in addition to 21,969 in 1946 and 15,248 in 1945.

At the same time that federal funds for nursing are being requested to fill present commitments through 1947, a new committee to advise on federal legislation which affects nursing is to be set up by the National Nursing Council. The group is to be

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Try ENDOCREME yourself. Recommend it to your patients. Many get

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For Hands: Try also, new, different ENDOCREME Hand Lotion to improve and beautify skin of hands, arms, elbows, legs.

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**Nipple down.
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**Nipple up
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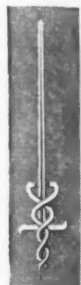
America's Most Popular Nurser

another "committee of interest" and will include representation from Council member organizations interested in legislative problems. While the committee will leave to Council member organizations all efforts to influence legislation, once bills have been introduced to Congress, it will seek information about plans for legislation in the early formative stages.

The Council has agreed on a statement of basic policy with regard to federal aid for nursing education. This policy declares in part, "the nursing profession believes that at least a certain amount of federal aid to nursing education should continue to assure the quantity and quality of nursing care needed by the nation . . . Sweeping changes are needed in many schools of nursing to make them genuine educational institutions." The National Nursing Council urges federal aid under the U.S.P.H.S., or other federal bureaus, to provide for scholarships. In addition to grants to universities and colleges to develop advance programs, it recommends grants of federal money to schools of basic professional nursing, and also to schools of practical nurse education which will, according to the statement, "meet the criteria set by appropriate national professional and practical nursing organizations."

The U.S.P.H.S., which has under its jurisdiction the Cadet Nurse Corps, has appointed Lucille Petry as chief of its new division of nursing. Miss Petry's rank of nurse director is the highest held by a nurse in the regular commissioned corps of

YOU CAN'T OVERRATE THE VALUE OF CONTROL



Every one can see the need for control measures against obvious dangers. But dramatic and constant campaigning is necessary to win public support in the fight against the unseen menace of cancer. Interest must be awakened and education conducted to enlist the public co-operation requisite to success. This challenging work is the responsibility of the Field Army of the American Cancer Society.

To give appropriate significance to these efforts and to focus nation-

wide attention on this vital problem, Congress has designated April, "Cancer Control Month." And again this Spring, as in each drive spearheading the next year's activities, the Field Army's straightforward appeal to all Americans is: "GIVE, to Conquer Cancer."

Once more Rexall Drug Stores across the country join in contributing their facilities in behalf of this cause . . . to urge Americans to heed the Society's plea, and to distribute literature cautioning "Consult your doctor" at the first moment of cancer's "danger signals."

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the Public Health Service and is equivalent to that of captain in the Navy and colonel in the Army.

Responsibilities of the new division fall into three main groups: public health nursing, hospital nursing, and nurse education. Senior assistants to Miss Petry in these groups are Pearl McIver, Jessie MacFarlane, Minnie E. Pohe, Claire H. Favreau, and Mary J. Dunn.

The U.S.P.H.S. announces that Miss Petry will advise the Surgeon General regarding plans for the recruitment and training of graduate nurses, standards of nursing, and projects for studies in research in nursing and those involving nursing.

Apprehended

The Better Business Bureau reports that Leeman Garth Oler who victimized many nurses by fraudulently taking orders for uniforms—collecting cash payments and never making deliveries—is now in the Colorado State Penitentiary. Oler was apprehended in New Mexico and returned to Denver where he pleaded guilty and was sentenced to a seven to ten year stretch in prison. The Bureau warns that under ordinary circumstances he will be out about October 1950.

Civics

Army nurses, Wacs, hostesses, and librarians in the European Theatre have been authorized to wear civilian clothing when off duty, effective March 2. The permission extends

Pain-Relieving **COUNTERIRRITATION**



Through the influence of its menthol and methyl salicylate, Baume Bengué exerts a well-defined counterirritant action. In arthritis, myositis, bursitis, and arthralgia, it enhances local deep blood supply, aiding in the disposal of metabolites and hastening the reparative processes. Thus Baume Bengué produces relief of pain and a welcome sensation of warmth, materially enhancing the efficacy of systemic measures. Through percutaneous absorption of its methyl salicylate, Baume Bengué provides valuable adjuvant local therapy for the relief of the characteristic discomfort of influenza, pharyngitis, and tonsillitis.

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Physicians and nurses have found that Dennison Diaper Liners make the diaper problem simpler and easier for new mothers. Physicians and nurses recommend Diaper Liners because they are sanitary and so soft next to baby's tender skin that they help prevent chafing and help guard against diaper rash.

Diaper Liners make diaper washing much less disagreeable. Hours of hard scrubbing are eliminated. The Liner is simply folded inside diaper. When soiled, the Liner is flushed away. Quick, simple, easy!

Suggest Dennison Diaper Liners to new mothers, and to your hospital, too. The cost is only a few cents a day.

Babypads—200 for \$1.00

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only to wearing of civilian dress when off duty in quarters or attending social functions. Major commands may require wearing of the uniform exclusively by Army women whenever it is felt that security would be endangered by the use of civilian clothing. Procuring of civilian garb was left up to the individual woman by the order.

Federal Funds

The House Interstate and Foreign Commerce Committee has taken under consideration the Senate-approved legislation which would authorize expenditure of \$380,000,000 over a five-year period for assistance in hospital construction. Representative J. Percy Priest (D. Tennessee), Chairman of the subcommittee, says that two provisions of the bill need careful examination. One is the authority granted to a State, whose hospital construction program may not be approved by the Federal Security Agency, to appeal to a federal district court; the other is the administrative power given to a five-man Federal Hospital Council, which would work with the Surgeon General of the U.S.P.H.S. in carrying out the program authorized by the measure. Both of these provisions are new departures in the field of aid to States, Mr. Priest said.

The bill which was passed by the Senate December 11 authorizes appropriation of \$5,000,000 of federal funds to assist States in surveying their hospitals and public health facilities. Further appropriation of

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Scores have discovered this quick, simple way to relieve skin irritations*

● Of course you have a private life! But you can't look forward to much fun on your time off if your feet burn, or if your hands are red, rough and sore! If you suffer from these common, externally-caused skin irritations—do what scores of other nurses do! Get the Medicated Skin Cream, Noxzema!

FOR YOUR HANDS. With constant washings, frequently in strong solutions, your skin is bound to lose its natural moisture . . . grow red, rough and sore. Noxzema not only brings *quick, soothing relief* to your chapped hands, but *helps heal* the tiny cracks.

FOR TENDER, CHAFED SKIN. Your stiff uniform may frequently rub and chafe your skin. Just try applying Noxzema to those tender spots. Feel how cooling and soothing it is—see how quickly it helps heal!

FOR TIRED, BURNING FEET. How many times have you said—"My feet are killing me!" That's when you should try Noxzema! It brings such cooling, grateful relief you'll never want to be without it.

Keep a jar of Noxzema handy! It's greaseless; won't stain. Get Noxzema at any drug counter. 10¢, 35¢ and 50¢.

*externally-caused

\$75,000,000 for each of subsequent fiscal years, beginning July 1, 1946, is authorized to finance actual construction of both public and nonprofit institutions. The \$75,000,000 would be matched by the States on the basis of the proportion of per capita wealth of each State to the national average per capita wealth. If each \$75,000,000 is fully matched, the States will appropriate \$64,178,000 per year for the construction of hospital buildings.

V.A. Developments

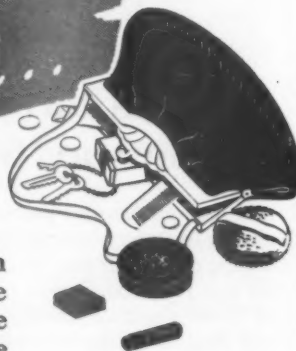
Because of rapidly expanding facilities additional nurses are still needed by the Veterans' Administration for duty in psychiatric and tuberculosis units. Officials of the V.A. urge nurses to see that their applications

are complete and that all information is enclosed in order to avoid delays in making appointments. In a one-month period, recently, 480 incomplete applications had to be held awaiting necessary information.

While the Veterans' Administration is admittedly short of nursing personnel, a special group of 2,000 senior cadet nurses scheduled for assignment to V.A. hospitals during the spring of 1946 have been rejected for lack of housing, according to Gwenn H. Andrew, R.N., nursing director.

Rejection of students was based on the difficulty of supplying the type of housing required for them by the U.S.P.H.S. and the laws of the State in which they are to be assigned. Unlike graduate nurses, students may not live in private quarters of their

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"Sunshine" for April Showers!

Let it rain, let it pour! Even in the stormiest weather, baby can get precious "sunshine" vitamin D₃... in creamy-rich White House Evaporated Milk! That's why doctors approve White House for infant feeding. They know that each pint is fortified with 400 U.S.P. units of "sunshine" vitamin D₃... the minimum daily re-

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own choosing and all available quarters are occupied.

Since April, 1944, the Veterans' Administration has accepted 1,574 senior cadet nurses, and it is expected that the agency will continue to accept about 2,000 annually until the end of the cadet program in 1948.

Miss Andrew expressed disappointment over the V.A.'s inability to make adequate arrangements for the 2,000 cadets. The Administration had hoped this additional group of students would help to care for patients in the V.A. hospitals during this rapidly expanding period of the medical service.

The Department of Medicine and Surgery in the Veterans' Administration has announced the present total of 98 V.A. hospitals now in operation

with a bed capacity of 83,399. Plans for taking over five former Army hospitals, to have an additional bed capacity of 3,750 patients, have been announced.

The Veterans' Administration requires some 20,000 additional beds for the care of veterans with service-connected disabilities and, therefore, appealed to State hospital associations at a meeting in Chicago, February 8. Thirty-seven hospital associations ratified the proposal of the A.H.A. to participate in the veterans program.

Contracts between State hospital associations and the Veterans' Administration operate under the present law which permits civilian contract hospitals to care for male veterans with service-connected disabilities, and female veterans with either service or nonservice-connected disabilities.

Atomic Bomb

[Continued from page 37]

While the patients showed the effects of radiation sickness, it is interesting to note that X-ray films attached to the limbs of atomic victims over a period of 18 hours were all radiation-negative when removed. X-ray film buried in the ground in the bombed area also failed to reveal the presence of radio activity.

As for the patients in Dr. Timmes study, they were still being admitted to the hospital almost a month after the bomb explosion. They almost all complained of fever, malaise, loss of



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*"I'm tired of floating on clouds-
I'd rather get down to earth
and float on some of that
pure, mild Swan lather!"*



Of course, Doctor, you want your baby patients to be bathed with a specially mild and pure soap.

See how Swan answers your most rigid "baby soap" qualifications: Swan is pure as fine "100% olive oil" castiles. Medically supervised baby tests reveal that "no soap tested—whether castile or floating soap—is milder than Swan."

Furthermore, Swan's fats and oils are all high grade! No free alkali, no free fatty acid, no coloring matter or strong perfume.

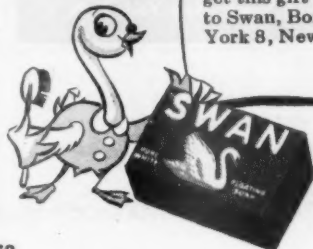
Don't you agree that Swan qualifies for babies' needs—and grownups', too?

Free!

• A cake of pure Swan to every baby born in the U. S. in 1946!

New mothers can get this gift by writing to Swan, Box 19, New York 8, New York

*SWAN floating soap
is pure as fine Castiles*



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LEVER BROS. CO.,
CAMBRIDGE, MASS.

Personal

Dear R.N.:

We are glad you are well and busy. It is good for you, and to be frank, it is good for us too.

But you know, as well as we do, or perhaps better, that you can't tell when that little bug will get you some day. A mild cold may be the forerunner of influenza, and the 'flu is never free from the threat of pneumonia.

Life is so uncertain. . . A wet floor, a slippery pavement, a misstep, and you're on the casualty list, without having earned a merit badge for it.

Your mishap becomes a very personal thing. You may get sympathy by the basketful, but financially you are on your own. Can you afford the risk?

Under these trying circumstances, it is our business to come to your aid financially. We offer a special, all inclusive Nurse's Insurance Policy that protects you in case of illness from all diseases that are known or may become known, all accidents, including automobile accidents. Our policy does not conflict with any "hospitalization plan" to which you may subscribe.

This all inclusive policy is issued to members of the nursing profession only, up to the age of 59 inclusive. The rates are so reasonable that you cannot afford not to look into it. Write today!

MASSACHUSETTS BONDING
AND INSURANCE CO.

Dana G. Hall Agency Inc.
123 William Street, New York 7, N. Y.

appetite, bleeding gums, and hemorrhagic diarrhea. Many cases of alopecia were seen. While none exhibited complete loss of hair, some of the victims had begun to lose their hair four or five days after the explosion. At the end of a month a few patients had begun to show a new growth of downy hair. The permanency of the alopecia is purely speculative as the patients have not been observed over a long enough period to determine an accurate prognosis.

Examination showed that most of the patients suffered from an aplastic type of anemia. The principle effect of radiation was apparent in the bone marrow with a marked impairment of marrow function. Urinalysis frequently showed bile casts, albumin and red blood cells. A number of blood counts under 1,000 were noted and, in one case, a patient with a blood count of 400 cells per cubic millimeter actually recovered.

From a nursing point of view it is significant that many patients died as a result not of original blast, burns or trauma, but from secondary terminal infection. Pneumonia was a common end result as were the hemorrhagic diarrheas and ulcerative lesions of the mucous membranes. The latter often became infected due to neglect and poor sanitation.

Lt. Earl V. Harrington of the U.S. Naval Dental Corps found that the victims' teeth were loosened due to destruction of the alveolar bone and periodontal membrane. The teeth, in fact, were generally so loose that they could be easily removed by

..... R.N.
Address
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Dept. R.N. 4

petrolatum to promote optimal conditions for burn healing...

'VASELINE' PETROLEUM JELLY

is the world's leading brand of
PETROLATUM U.S.P.

With normal nutrition and absence of infection, the burned surface heals.

To prevent potential infection, and thus promote optimal conditions for burn-healing, many physicians find prompt covering of the wound is imperative . . . with a dressing impervious to infection, non-injurious to cells, non-adherent to the burned tissue.^{1, 2, 3}

Now . . . as a result of civilian disaster and burn tragedies of the war . . . a new treatment for burns has been developed.

In addition to plasma, and chemotherapy internally or intravenously,¹ doctors cover burn surfaces promptly with dressings impregnated with petrolatum. With these non-adherent dressings, wounds are left to "rest" undisturbed for days, without the necessity for frequent changes of dressings...without the accompanying re-exposure of the burn surface to infection, too.

'Vaseline' Petroleum Jelly dressings, non-injurious to cells, protect against surface infection from the air . . . help relieve pain from exposed sensory nerve endings...promote optimal conditions for healing of the burn surface.

'Vaseline' Petroleum Jelly, for hospital and professional use, is available in tubes and jars at drug stores everywhere. 'Vaseline' Borated Petroleum Jelly in tubes only.

1. J.A.M.A. 125:536-543 (June 24) 1944
2. J.A.M.A. 125:612-616 (July 1) 1944
3. Ann. of Surg. 117:885 (June) 1943

Vaseline
REG. U.S. PAT. OFF.
PETROLEUM JELLY

MADE ONLY BY CHESEBROUGH MANUFACTURING COMPANY, CONS'D, NEW YORK, N. Y.

**Actually miscible in hot
or cold liquids in all
proportions**

ANGIER'S EMULSION

The infinitesimal dispersion of gum acacia, glycerine, sodium benzoate, hypophosphites and high viscosity mineral oil offers an outstanding example of how thoroughly the component fractions are emulsified for optimal results. Freedom from alcohol or habit-forming drugs plus a pleasant, soothing effect on the gastro intestinal areas suggests its value in convalescent cases. Its highly miscible character evidences an ideal vehicle for use with a preferred tonic and with vitamin B₁.

★ Leading pharmacies everywhere
can fill your prescriptions promptly ★

ANGIER CHEMICAL CO.
Boston 34 Massachusetts

SOUND SLEEP ASSURED

**DAY or NIGHT
with
SLEEP SHADE**

Original, Patented
Sleeping Mask

Over 500,000 Sold



Genuine "Sleep Shades" are medically approved. Scientifically designed, they shut out light without pressure on optic nerves. They help rest tired eyes, relax edgy nerves and promote sounder, more restful sleep. **DAY OR NIGHT.**

Less than 1/2 oz. in weight. "Sleep Shades" are held comfortably in place by elastics over and under each ear connected by adjustable tape.

SPECIAL TO NURSES

Send \$1 for Black Sateen Sleep Shade or \$2 for Pastel Beauty Shade and we will send free, noise banishing **SLEEPWELL EAR STOPS.**

Use this Coupon. Check Items Wanted.

Send me Black Sateen "Sleep Shades"
..... Pastel Beauty Shades
Enclosed is \$
Name
Address
City State

Include my ear stops. Full refund if not satisfied

SLEEP SHADE COMPANY

2949 Balboa St., San Francisco 21, Calif.

hand. Some of the gold removed from the teeth of these victims was found to contain radiant energy.

According to the preliminary report, younger individuals as a rule showed more recuperative power and a progressive rise in the white blood-cell count when they had been placed under treatment. Both medical supplies and time being at a premium, therapeutic endeavors were necessarily handicapped. However, it was noted that penicillin and plasma had beneficial effects but that, while liver extract benefited a few patients it was in general ineffective.

While it is to be hoped that nursing in this country will never have occasion to cope with the after effects of the atomic bomb, it is of interest to them as members of an allied profession to know the medical sequelae which may be expected.—A. M. G.

Multiple Sclerosis

[Continued from page 36]

plain hysteria and also from dementia praecox, encephalitis, cerebral syphilis or tumor of the brain.

Spastic conditions usually develop at some stage of the disease with onset abrupt and usually beginning with weakness of the knees, unsteadiness or incoordination. There may be urinary incontinence or precipitancy and at times a complaint of chill numbness of the legs that becomes easily fatigued and drag.

Some cases have a tendency to periodic remission of symptoms, a peculiarity that is important and often misleading. There may be remission

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pediculosis - a classroom problem

"It is highly probable that infestation with lice is rather common among school children. . . ."
Shelanski et al., Arch. Dermat. & Syph. 51:179, 1945.

HOW TO USE BORNATE

One application is sufficient in most cases. Stubborn cases may require a second treatment.

1. Apply Bornate and work into a lather. Allow to remain five to ten minutes.
2. Comb hair with fine comb.
3. Shampoo with a mild soap the next day.
4. Repeat only once, if necessary. Do not use more than twice.

- **COMPLETELY SAFE** for home use . . . nonirritating, non-inflammable and will not stain clothing.
- **A LOTION** . . . Bornate penetrates the thickest hair quickly and effectively.
- **EASY TO USE** . . . applied directly to the scalp . . . like a shampoo.
- **A SAMPLE** bottle of Bornate will be sent on request.

Supplied in 2 fl. oz. bottles • Gallons for institutions

BORNATE

REG. U. S. PAT. OFF.

FORMERLY BORNEX

KILLS LICE AND NITS

Wyeth

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★ Uniform or date-dress — anything you wear is most becoming to you when *you* are becoming to *it*. Want your entire face to be more charming and expressive? Simply accent your eyelashes with safe Maybelline Mascara . . . your brows with Maybelline smooth-marking Eyebrow Pencil. Notice the soft, realistic effect of this famous Eye Make-up in Good Taste. See what a difference its subtle flattery makes! Solid or Cream Mascara — Black, Brown, Blue, 75c. Maybelline soft, smooth Eyebrow Pencil, Black or Brown. Handy Maybelline purse sizes at all 10c counters.



for months, or even years, during which time there may be doubt as to the original diagnosis. The so-called "Charcot triad" is not constant and all of the symptoms must be considered. Multiple sclerosis may also be confused with other functional and organic diseases, although examination of spinal fluid may afford some aid in final diagnosis. A consistently negative Wassermann, in both blood and spinal fluid, will rule out syphilis with which it is often confused.

To the naked eye, the noticeable changes throughout the nervous system are areas of degeneration of varying sizes. In acute cases, the lesions may be edematous, but when the fluid has absorbed there will be contraction and sclerosis. Under the microscope there are changes of the fat-like substance that forms a sheath around the nerve fibers, and some amount of destruction of the nerve cell which conducts impulses away from the cell body (axon). When the function of the axon is restored the period of remission will appear, and when this function is destroyed then the acute stage is evident. Roots of the spinal nerves may also undergo changes resembling those in the brain and cord.

In the terminal stage of the disease when nursing care is essential, the patient is usually bedridden, speech is blurred and almost unintelligible, all power is lost from the legs and they may assume varying postures, usually flexed, due to contractures. There is usually incontinence of urine and feces.

PROGNOSIS.—In all cases of multiple sclerosis recovery is in doubt, al

RELIEF IN NEURITIS

In treatment of sciatic, peripheral and other forms of neuritis, the value of mild counterirritation, as provided in MINIT-RUB, has long been established.

Shortly after application, MINIT-RUB—counterirritant, analgesic, decongestant—acts beneath the skin surface to improve local circulation by direct rubefaction. At the same time, by reflex action, MINIT-RUB helps speed comforting warmth and relief to aching muscles and nerves.

To ease "between visit" pain in neuritis—which often impedes success in treating the condition itself—daily home-massage with MINIT-RUB is suggested. This helps the patient and increases effectiveness of office treatments.



RECOMMEND SUPPLEMENTARY HOME-MASSAGE WITH MINIT-RUB
TO YOUR NEURITIS PATIENTS
MINIT-RUB IS ALSO EFFECTIVE IN SIMPLE NEURALGIAS

MINIT-RUB



THE MODERN RUB-IN

STAINLESS • GREASELESS • VANISHING

A Product of Bristol-Myers Company, 19RN W. 50th St., New York 20, N. Y.

though remissions from time to time, or even spontaneous recovery, may raise hope. However, some people have had the disease for years and are able, with care and understanding, to live a reasonably active life. The usual duration in fatal cases is about eight years, but some patients never progress beyond the slight disability stage. Death results from sepsis from the skin, urinary tract, or lungs.

TREATMENT.—The cause of the disease being unknown, there cannot be a specific treatment. Some belief is held that the infecting organism is a spirochete and so silver and arsphenamine, sodium cacodylate and mercury have been administered with reported good results. In recent years malaria and typhoid, or the two together, have given some evidences of

improvement. Vitamin B, both intravenously and intramuscularly, in doses that range between 100 and 200 mg. daily, has proved of value in several cases.

However, general treatment must depend upon easing of the symptoms and the use of mechanical measures to relieve the symptoms as they appear in the course of the disease. A small number of cases have been reported that seemed to respond to pyridoxine hydrochloride, administered intraspinally, as an adjunct treatment, either alone or in combination with other vitamins. These cases showed a reduction of spasticity, improved gait and a decrease in exaggeration of the reflexes.

Vitamin E, as wheat germ oil, was used in other cases, while vitamin

A Bland Dressing **FOR MANY SKIN IRRITATIONS** of External Origin

IN choosing a soothing application for alleviating surface disturbances of the skin, many nurses select Resinol because it is a mild, yet highly efficient, medication.

With its long background of useful employment in the sickroom, Resinol Ointment

can be depended upon to contribute to the patient's comfort, with gentle effectiveness. It helps to reduce the discomfort of pressure sores, sheet burns, rectal and vulval pruritus, eczema itching, and many similar surface conditions, where itching, burning and smarting are especially troublesome symptoms. Frequent applications of Resinol may be made on sore, tender skin, with the assurance that it is bland enough for use on sensitive surfaces.

Resinol Soap is also a favorite in the sickroom, because it is extra pure and refreshing to use for bathing the skin.



For professional sample each of Resinol Ointment and Resinol Soap, write Resinol Chemical Co., R.N. 30, Baltimore-1, Md.

*Here's your new
Postwar catalog of*

WHITE ROCK UNIFORMS

... just off the press

Presenting to America's quality-minded nurses distinctive uniforms of smart creative design • beautifully and expertly tailored • fabrics of outstanding quality and durability.

As throughout the wartime period, our startling prewar prices still prevail, together with a continued money-back guarantee on every garment for your protection.

WHITE ROCK UNIFORMS are only sold direct from factory to you. They are not procurable through stores nor do we employ sales agents or representatives.

WHITE ROCK UNIFORM CO.
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WHITE ROCK
UNIFORMS

feature the latest in smart
and practical styling for

Nurses

**REQUEST YOUR CATALOG
COPY TODAY...** and mention
this advertisement to your pro-
fessional associates.



NO MORE ROUGH HANDS OR DRIED OUT SKIN

LAMO (Nason's) is a mildly medicated skin cream—refined lanolin in a bland, cold-cream type base—developed especially for the skin protection and care of nurses and doctors. LAMO has none of the objectionable features of lanolin alone; it is not gummy, greasy, stringy or unpleasant smelling. It has consistent body, does not dry out or become rancid, and is delicately perfumed. LAMO (Nason's) supplies beneficial fatty materials lacking in dry skin, or which may have been removed from normal skin by the continued use of strong detergents, as in pre-operative scrubbing of hands and arms, and gives lasting protection to the skin.

Ethically distributed in 1-oz. and 4-oz. tubes and 1-lb. jars by druggists or order direct from

TAILBY-NASON CO., BOSTON 42, MASS.

SEND FOR FREE SAMPLE OF

LAMO

(NASON'S)

**ALL-PURPOSE
LANOLIN COMPOUND SKIN CREAM**

complex seemed to give some relief in others. There is some reason to believe that the two vitamins together are better than the B complex alone. When a possible metabolic disorder was suspected, aminoacetic acid was used.

Basis for the use of vitamin E was that it was felt when there is degeneration of the muscular or nervous system, as occurs in disseminated sclerosis, although there may not be an actual deficiency of the vitamin, there is a condition of sick cells that need an abundance of something that contributes to their life. So far no specific treatment has been found which gave adequate results.

As a part of making the patient more comfortable, it is important that the family understand the full seriousness of the disease. They should be told, in most instances, that the patient will be permanently incapacitated and that they can help by making life as simple and agreeable for him as possible.

In acute cases complete rest, both mental and physical, is essential. In the chronic conditions massage with active motion is indicated, but electric stimulation should be avoided, especially in a limb which is spastic. These measures and hydrotherapy also help to maintain skin health.

Among other therapies that have been used for multiple sclerosis are Fowler's solution (orally) intravenous Salvarsan or silver salvarsan, protein shock by subcutaneous injection of sterile milk, tincture of belladonna to control urinary incontinence, intravenous liver, quinine in massive doses, germanin, fever ther-

SPIRELLA NATURAL SUPPORT FOR INTERNAL ORGANS

SOMETIMES doctors discover that patients who complain of only vague symptoms of distress have seriously misplaced internal organs. The stomach has dropped. The intestines may be too low for efficient functioning. Other conditions sometimes exist. In many of these cases, natural Spirella support can give the same relief as it does in cases where the evidence is external—obesity, poor posture, etc.

The reason is that Spirella support is natural support.

The corset anchors under the abdomen and buttocks and the support is upward and backward, complementing the action of the abdominal muscles.

This is accomplished without constriction in the region of the diaphragm which, in many garments, acts to aggravate the condition the doctor is attempting to remedy.

Spirella Support is Comfortable

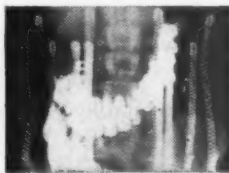
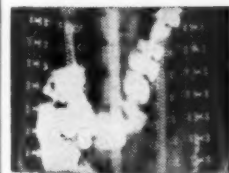
Patients report that their Spirella garments are comfortable to wear, and



2. Modeling Garment



1. Uncorseted Figure



X-Ray Proof of Spirella's Support of Internal Organs

Here are photographs of a patient taken under competent medical supervision. The left shows the patient in the patented Modeling Garment. The one at the right shows the same patient in her Spirella. In the Modeling Garment the Hepatic flexure was $3\frac{1}{2}$ " above the iliac crest. In the picture to the right it is $3\frac{3}{4}$ " above the iliac crest. In other words, the patient gets the same support in her Spirella as she does in the Modeling Garment, adjustment of which the doctor checked.

they like the improvement in their appearance. This is a boon to the doctor who suggests a support as a preventive measure—he can be sure that the support will be worn.

Spirella Modeling Garment

Since no two figures are alike, there must be some device to get accurate measurements of the supported figure. The Spirella Modeling Garment is an exclusive Spirella feature and does just this. The Spirella Corsetiere adjusts the Modeling Garment in the doctor's

presence. He can then check the adjustment, if necessary, in the fluoroscope. Measurements are then taken, and the patient's individually-designed Spirella is made exactly to these specifications. The accompanying photographs show the same patient uncorseted, in the Modeling Garment, and in her Spirella.



3. Finished Spirella

Spirella Natural Support is Recommended in Cases Like These:

- "Industrial" and Chronic Fatigue • Post-Operative Conditions • Misplaced Internal Organs • Faulty Posture • Extreme Obesity • Maternity.

For further information about Spirella natural support, write Dept. 5-20, The Spirella Co., Niagara Falls, N. Y. In Canada, address The Spirella Co., Ltd., Niagara Falls, Ont.

WOMEN FEEL BETTER
AND LOOK BETTER IN

Spirella
INDIVIDUALLY-DESIGNED
HEALTH SUPPORTS



USE **THUM** TO DISCOURAGE
thumb sucking
.. nail biting

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THUM
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Easy to use. Apply
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GLYCO-Thymoline"*

Many R.N.s use Glyco-Thymoline in their practice. Try it. Send for professional samples.

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apy, iodides, bismuth, and arsenicals.

There is no doubt that the patient should be placed in the best possible state of general health and care taken to guard against infection. Freedom from work and worry is definitely indicated.

NURSING.—While a nurse may not be in constant attendance until the last stages of multiple sclerosis, her understanding of the nature of the disease can be helpful in making the family, and the patient, realize the limitations that must be observed. Actual nursing must be careful and constant because the patient is incapacitated to some degree with a difficult mental involvement that complicates the symptoms. Understanding, patience, and the use of every means at her command to increase comfort and maintain general health is a full time job in nursing a case of multiple sclerosis.

Social Security

[Continued from page 43]

"One of the reasons which has been advanced for the exclusion is that payment of the social security tax would decrease, by the amount of the tax, funds which would be otherwise available for the public purposes for which the institution was organized . . . The argument is equally tenable against a one dollar wage increase or one dollar social security tax. The argument would apply also to any privately operated scheme for the employee's protection. Cost of such protection would 'divert' much more

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Whenever denture care is your problem

In removing your patients' dentures and bridgework before a surgical operation, isn't it always a problem how to avoid soiling your fingers with the food debris and mucin film clinging to their surfaces—how to keep them safely . . . and return them clean? • Do you realize that the safest, easiest and cleanest way is to have the patient drop them into a glass of POLIDENT solution? It soaks dentures and bridgework spotless in minutes, without abrasive brushing or danger of breakage. • Incidentally . . . you'll help your patients by suggesting that they follow this cleansing procedure after leaving the hospital. Please use the coupon to ask for a sample. HUDSON PRODUCTS, INC., 8 HIGH STREET, JERSEY CITY 6, N. J.



SOAK

Soak 15 minutes in solution
(or overnight)
(1 glass water to capful Polident)



RINSE

Hold under running water to rinse
—THAT'S ALL

think of **POLIDENT**

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A-46

Please send me a professional sample of POLIDENT

Name _____ R.N.

Address _____ Hospital _____

Street _____

City _____ State _____

funds than O.A.S.I. (old age and survivors insurance) coverage if anything like comparable protection were given. Even conceding that the objectives of the organization are considered so important as compared to the welfare of the employee that he is expected to make a sacrifice in the remuneration for his employment, it would seem that he would sacrifice less if he received a dollar per month smaller wage and had O.A.S.I. protection than if he received the dollar but had no O.A.S.I. protection."

Legal obstacles to coverage of employees of States and their subdivisions could be overcome, the staff said, if the Social Security Act were amended to permit coverage of employees of those States who were

willing to come under the system. Employees of States and local government need social security as much as others, the report declared.

Most bills dealing with social security protection for those in the armed forces propose that each person in service be presumed, for social security purposes, to have received a wage of \$160 a month. They also have various limiting dates during which such credits shall be given.

The \$160 a month credit, the technical staff said, "is not unrealistic" and has the merit of not "varying too much from the wages of individuals in employment covered by old age and survivors insurance."

However, limiting dates may not be desirable, the committee said, re-

It is up to the Nurse . . .

to see that the catheter is firmly anchored in place, thus avoiding irritation and ensuring efficient administration.

Send for the Linde Oxygen Therapy Handbook. There is no charge.

THE LINDE AIR PRODUCTS COMPANY

Unit of Union Carbide and Carbon Corporation
30 East 42nd St. **UCC** New York 17, N. Y.



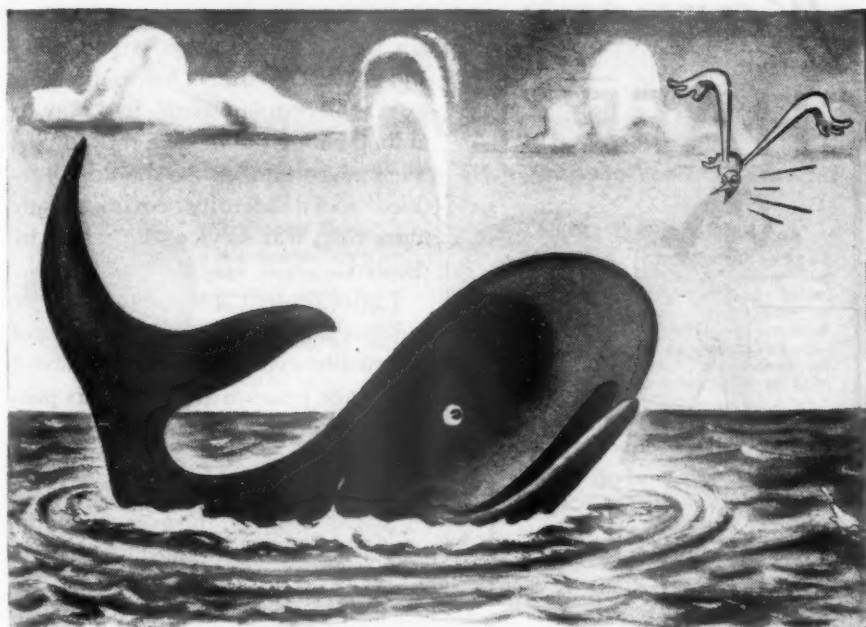
"LINDE" OXYGEN U.S.P.



• Anything that saves a nurse time is a welcome help these busy days. And that very necessary little operation of keeping white shoes looking spotless is made easy with Mufti Shoe White, Liquid or Paste. Mufti Shoe White goes on easy, clings for hours. Stands a lot of brushing and touching up and so helps you enjoy longer time between shines. Always remember. Mufti Shoe White stays a long time bright. 10c and 25c.

MUFTI SHOE WHITE





BULK *plus* MOTILITY

... for the Gentle, Smooth Relief of Common Constipation

Saraka* supplies MOTILITY in addition to BULK. Selected bassorin is the bulk-producing ingredient. Specially-aged cortex frangula is added as the motility factor.

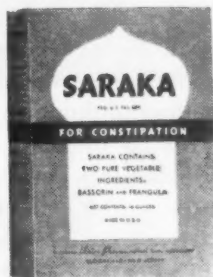
This clinically tested combination encourages the peristalsis which simulates the desirable, close-to-normal action.

With Saraka there are only soft, moist, well-formed stools. Hard, dry feces, watery evacuations and leakage are avoided.

Saraka offers the physician an aperient particularly suited even for the relief of constipation during pregnancy...in cases of rectal disorders...and for bedridden and other physically inactive patients—where gentle laxation is desirable.

Send for a generous professional sample of SARAKA, and see for yourself its remarkable efficacy in the treatment of constipation.

For patients who need Bulk only, prescribe SARAKA-B, without frangula.



SARAKA, Dept. 471, Bloomfield, N. J.

Without obligation on my part, please send free a generous professional supply of SARAKA.

Name

Address

City State

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UNION PHARMACEUTICAL COMPANY, INC., BLOOMFIELD, N. J.

Warner's CHAFÉZE*



Prevent Chafing

with this original soft jersey shield. It is of particular comfort in hot weather and launders like lingerie. Sold Only in Corset Departments.

Ask for it by name

CHAFÉZE* \$1.25

Large size \$1.50

*Reg. U. S. Pat. Off.

calling the general plan to increase social security coverage and reminding that large numbers would enter and leave the armed forces in years to come, comparatively few staying in long enough to receive retired pay. Such peacetime service should not reduce social security coverage any more than war service, the report indicated.

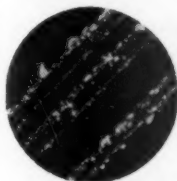
Under present law, military service reduces the social security benefits of practically everybody, since amount of old age pension and survivors pension is directly related to the amount of earnings, and the longer an employee works in "covered" jobs and the higher his pay, the greater are the benefits. In addition, persons who had built up social security protection for their survivors before entering military service, will have lost such protection unless or until the wage earner has worked such period of time in covered employment as will make the total of three-month periods worked in covered employment equal half of the calendar quarters since 1937 or since he became 21, whichever is later.

In its approach to coverage in case of disability, the staff weighed advantages and disadvantages, and finally concluded: "The approach of limiting it to persons of advanced years would seem to offer a promising method of doing so with a minimum of initial difficulty, while acquiring valuable experience on which to base further extensions as and when they may appear feasible."

Under the present law, old age and survivors benefits can be as much

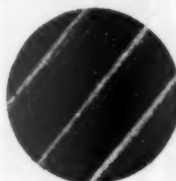
THE FACTS behind shining, dandruff-free hair

Actual photo micrographs show how Fitch Shampoo removes dandruff



Ordinary Soap

Microphoto shows hair shampooed with ordinary soap and rinsed twice. Note dandruff and curd deposit left by soap to mar natural highlights of hair.



Fitch Shampoo

Microphoto after Fitch Shampoo and hair rinsed twice. Note Fitch Shampoo removes all dandruff and undissolved deposit, and brings out natural luster of hair.



Fitch's Dandruff Remover Shampoo penetrates the thousands of tiny hair openings on the scalp, cleansing them thoroughly, and dissolving every trace of dandruff. Leaves the hair radiantly clean . . . completely dandruff-free! Remember, for best results, always apply Fitch's *before* adding water.

Fitch's Dandruff Remover SHAMPOO

THE F. W. FITCH COMPANY • Des Moines 6, Iowa • Bayonne, N. J.
Jackson, Mississippi • Los Angeles 21, California • Toronto 2, Canada



KEEP IT CLEAN
WITH ENERGINE!

Now! A NEW, BETTER, WHITER Energine Shoe White!

Here it is—the wonderful new, whiter Energine Shoe White you've been waiting for! Actually makes dirt and smudges disappear—and, at the same time—whitens your shoes beautifully, with a fleecy white finish that's uniform from toe to heel!

Try this new, improved, whiter Energine Shoe White—and see for yourself what it does for your shoes! It's easy to use, goes on in a jiffy, and there's nothing that stays on better! Get the big bottle today.

Remember—Energine Shoe White
does two things at the same time:

*Cleans
as it
Whitens!*



as \$85 a month for a person with wife and two children who retires after working 25 years in covered employment with an average monthly wage during the entire period of \$250 or more. Pension cannot be lower than \$10 a month to any person "covered" under the act. Proposals to liberalize these benefits are under study by the Ways and Means Committee.

Collective Bargaining

[Continued from page 42]

and other hospitals are coming in.

The new aims include nurses in categories other than institutional staff nurses, and gains are being registered, but figures have not yet been compiled. Three hospitals are reported as favoring the 40-hour, five-day week when enough nurses are available, and the Association finds a growing interest in more favorable working conditions. The campaign goes on.

In the field of improving the economic status of public health nurses, the labor unions—as well as C.S.N.A.—have made considerable headway. In San Francisco and in Oakland, for instance, the C.I.O. has been chosen as the bargaining agent for field nurses of the community bureaus of public health nursing. In Los Angeles, the C.S.N.A. is bargaining for local public health nurses.

Comparison of the methods of the two groups is interesting, especially since each is headed toward the same objective:

In both instances the attempt is be-



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**stops perspiration and odor so effectively,
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NEW POSTWAR ARRID

ing made to win economic gains for the public health nurses when the new budgets are drawn this coming April, to become effective in June. Being county employees, these nurses could not use the strike weapon even if they would. The union therefore works under the same restraint, in that respect, as does the professional association. Both organizations, labor and professional, are employing the following indirect means of gaining their ends:

Survey of existing conditions and comparisons with similar professionals; pamphlets with background facts for use in influencing the employer and arming the employee; use of public relations counsellors; publicity pressures; educational work with policy-making groups like city super-

visors, and influential groups such as P.T.A.'s, Women's Clubs and other organizations; presentation of standards and schedules of wages and employment.

The C.S.N.A. standards for public health nurses, like those for other sections, resulted from recommendations as to what the nurses themselves sought as desirable conditions of employment.

Experts were employed to evaluate the economic situation of the public health nurse in relation to other professional groups, showing the responsibility carried and reinforcing the request for salaries commensurate with their preparation, responsibilities and qualifications.

Present basic wage of the Los Angeles field personnel is \$165 to \$191



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a month. The new schedule asks \$195 to \$245 to be established as the base; with supervisory salaries ranging from \$245 up to \$500 a month, depending on size of agency and number of personnel. The struggle on behalf of this group is particularly significant because it will establish a precedent. If the suggested revisions are won, only the 122 public health nurses for whom the case is being fought will be directly affected; indirectly, the victory will establish a precedent for all nurses employed by the County of Los Angeles. Counting all categories, they number more than a thousand.

Miss Titus believes that the reason the labor union and the professional tactics have so much in common where they are both acting for a professional group is that the methods used are the only ones that could succeed in the long run where the strike weapon is inadmissible and the employer is not under N.L.R.B. Furthermore, because of the moral and psychological factors involved, she gives it as her view that it never will be possible to utilize effectively other than the indirect pressures in bargaining collectively for nurses or any other professional group.*

Taking into consideration the handicaps under which the C.S.N.A.

*The only issue taken with this stand is by nurses in Alameda County, who have set up within the district body an organization known as the Nurses' Guild of Alameda County, under the management of Jean Barthe. This group apparently wishes to use stronger and more direct pressures on employers of nurses in winning economic gains. The Nurses' Guild setup and aims will be examined objectively in a later article to appear in E.N. At this writing, the A.N.A. has ruled that the Guild is not part of C.S.N.A. or A.N.A.—THE EDITORS.

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R.N.—ability to set up surgery—to run small hospital in Oregon. Excellent opportunity. Salary open.

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labored—first to break through prejudice and tradition and then to make collective bargaining respectable for nurses—and the fact that they then had to bargain where the strike was inadmissible, and only persuasion (never compulsion) could be used upon the employer, the achievements have certainly been dramatic. To those who imagined that nurses must either forego fighting for economic rights, or else abandon professional dignity, the C.S.N.A.'s successes are encouraging evidence that there is a midway method, and that it does get results.

But the most dramatic aspect of the C.S.N.A.'s activity is the fact that because of its successes, "collective bargaining" is now blessed by official sanction. The "outlaw" method of improving economic standards for nurses is now legitimate, acceptable, and—for that matter—recommended!

Standing Orders

[Continued from page 48]

have carried great responsibilities and made far-reaching decisions in overcrowded hospitals, are not going to willingly stand by and watch the profession of nursing stand still or retrogress now that emergency measures are no longer called for. Nurses who can make important, rapid decisions under stress and strain are certainly qualified to make these decisions and use these same abilities under normal circumstances. This logical conclusion has been reached by a great many nurses who wonder if public health

THE CASE OF THE OVERWASHED SPINACH



Spinach, as everybody knows, grows best in soft, rich soil. Usually, there is a fine dusting of grit hidden in the nooks and crannies of the leaves which must be removed before preparing spinach for Gerber's Baby Foods.

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That kind of care is typical of the way we at Gerber's take our responsibility of feeding America's babies. Working hand-in-hand with the medical profession, we agree that "Babies are the most important people!"

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organizations intend to keep abreast of the times, or take refuge in conservative and, in many instances, outmoded rules and regulations.

Public health nurses also wonder if individual organizations which do not feel strong enough to cope with local boards will be willing to exert pressure to persuade the N.O.P.H.N. to advance. Now, while there is such excellent rapport between most nurses and physicians, the time is ripe for a constructive movement in the public health field. One place to begin is in the realm of standing orders. If the opportunity is lost, public health will have lost much of value both in its potentialities toward the community and its present standing and prestige.

The New Flour

[Continued from page 51]

Secretary of Agriculture Anderson have been photographed sampling the new bread. They are quoted as saying that it is "definitely not bad," and "no marked difference." Experts have described the color of the bread as "ecru". Increased roughage and the higher fermentation values of high extraction flour are to be publicized as negligible or well within the range of average human tolerance. It will be interesting to note the various methods that will be used to "sell" the new flour to the public.

The Baking Industry, represented by a statement by the A.B.A. Chairman, Fred L. Cobb, states, "No doubt American bread consumers will miss



DAY IN, DAY OUT...

In these days of long hours and extra work for nurses, we're glad that GRIFFIN ALLWITE is helping simplify one of your daily chores . . . keeping your white shoes clean, easily and quickly.

Excellent for all types of white shoes, GRIFFIN ALLWITE restores a snowy, "rub-off-resistant" finish that dries smoothly and evenly. What's more, because it's *chemically neutral*, GRIFFIN ALLWITE can be used as often as needed on the most delicate leather or fabric!

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the type of bread and baked goods they have been accustomed to, want and like. Being good Americans, they will make sacrifices for humanity's sake. Let's work together to help discover other possible and as acceptable methods to feed the world's starving people. Let's work and strive to end this emergency by action that will return to American consumers what they like, expect and are entitled to have—good enriched white bread."

You may have tasted the new flour products by this time as the new order went into effect on March 1, although time may be consumed in changing over to methods of handling necessitated by the flour. Anyway you look at it—it's here—and it should bring little burden or change to the

American people who still maintain markets filled with a variety of food unknown to starving millions.

Army-Navy Future

[Continued from page 34]

each year. Two per cent of those in training may be enrolled in accredited civilian institutions.

Courses to be offered will include administration, anesthesia, nursing education, surgical supervisor, psychiatric nursing and any other specialty fields found appropriate.

Both services plan to continue Reserve Corps. The new Reservists will be liable for duty in time of emergency and will be given opportunity in normal times for either

AT HOME OR AWAY **SPOT TESTS** SIMPLIFY URINALYSIS

No Test Tubes • No Measuring • No Boiling

Diabetics welcome "Spot Tests", (ready to use dry reagents), because of the ease and simplicity in using. No test tubes, no boiling, no measuring; just a little powder, a little urine—color reaction occurs at once if sugar or acetone is present.

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SAME SIMPLE TECHNIQUE FOR BOTH

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Indications include Eczema, Psoriasis, Alopecia, Ringworm, Dandruff, Athlete's Foot and other skin irritations not caused by or associated with systemic or metabolic diseases. Mazon is anti-pruritic, anti-septic, anti-parasitic. It is easy to apply and requires no bandaging.

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short periods of training or (in the Army) periods of active duty of six months or more. The number to be called to duty will depend, of course, upon availability of appropriations and other factors.

In addition to a permanent Corps of commissioned nurses, the Army is studying creation of a Women's Medical Specialist Corps whose members also would have permanent commissioned rank. This corps would include the present temporary Corps of Dietitians and Physical Therapists and, in addition, a group of Occupational Therapists.

A lieutenant colonel would direct each of these three branches. Each component would have a fixed number of majors, based on requirements, and the remainder of the personnel

would be captains, first lieutenants and second lieutenants, based upon length of service. These women specialists would have the same pay and other prerequisites as nurses of similar rank and service.

A problem still to be solved, however, is the manner in which prior civil service of the dietitians, physical therapists, and occupational therapists is to be credited for rank, promotion status, and retirement. Just as the dietitians and physical therapists employed by the Army in a civilian capacity were given special opportunity to transfer to military status, similar advantages probably will be given to the civilian occupational therapists.

The three components of the Women's Medical Specialist Corps

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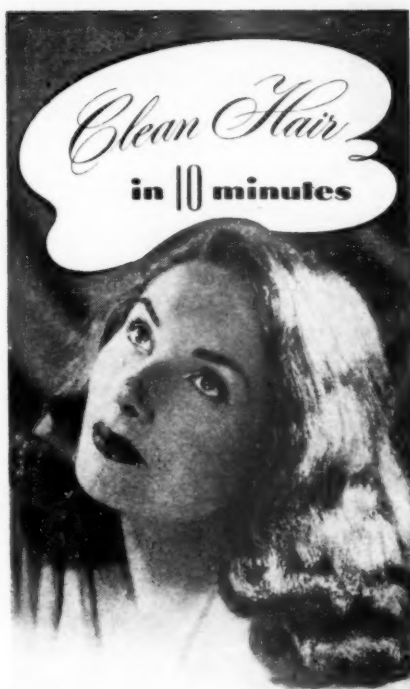
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will together be much smaller than the A.N.C. An aggregate strength of 0.9 for each thousand of Army personnel is proposed, compared to the ratio of six nurses per thousand. For the million-man force talked of, strength of the W.M.S.C. would total about 750.

The same percentages of strength—divided proportionately among the three branches—would be offered training each year as is proposed for the nurses.

WORLD WAR II NURSES: There are a few back copies of *THE ARMY NURSE* available. If you have kept a scrapbook or souvenirs of your experiences during the war and wish to have these copies, please communicate with Major Edith Aynes, Nursing Division, Room 2D311, Pentagon Bldg., Washington, D.C.

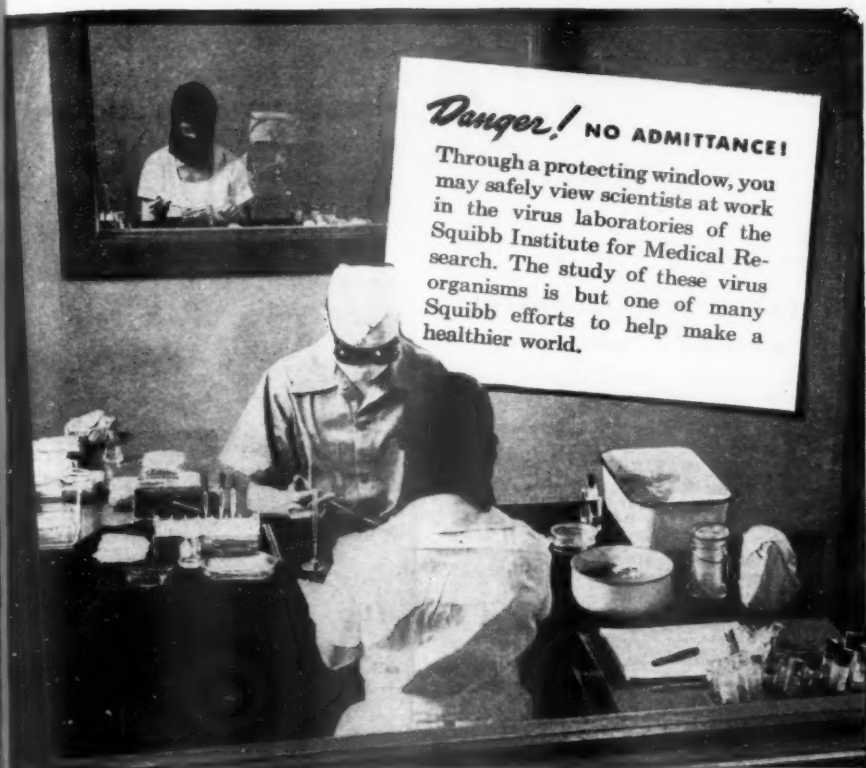
INDUSTRIAL NURSES: The New England Industrial Nurses Association will hold its spring meeting at the Mt. Washington Hotel, Bretton Woods, N.H., June 29 and 30, 1946, with members of the New Hampshire Branch as hostesses. The Hon. Sherman Adams, U.S. Congressman from N.H., will be guest speaker at the Saturday evening banquet. Business meetings and a quiz program will feature the Saturday session, while a special program has been arranged for Sunday morning. Members may bring guests. Miss Marion Page is General Chairman. For additional information, communicate with Miss Helen W. Hazen, RN., Gilbert & Barker Mfg. Co., West Springfield, Mass.

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Crude Fiber 1.6%	Copper (Cu) 2 mg.
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per 100 gms.	per 100 gms.
	Riboflavin (B ₂) 0.3 mg.
	per 100 gms.
	Calories per ounce 102.

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$\frac{1}{2}$ oz. and 1 oz. may be considered average daily amounts for the infant and young child respectively. These amounts furnish the following percentages of the minimum daily requirements:

For infants: 120% of vitamin B₁; 20% of vitamin B₂. For young children: 60% of vitamin B₁; 113% of Iron; 32% of Calcium; 22% of Phosphorus.



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ANESTHETIST: East. Small general hospital located in residential town, short distance from New York City and Philadelphia; duties relatively light; \$250, full maintenance. (Placement bureau charges \$2 registration fee.) Box MB4-1.

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ANESTHETIST: Hawaii. Plantation hospital of nearly 100 beds; well-staffed institution; very little call work; obstetrical anesthetics rarely; resort colony; \$260, maintenance. (Placement bureau charges \$2 registration fee.) Box MB4-3.

ANESTHETIST: Pennsylvania. Three anesthetists employed; salary open. Apply: Mr. L. P. Wray, Supt., Chester Hospital, Chester, Pa.

ASSISTANT SUPERVISOR, OPERATING ROOM: Ohio. 75-bed hospital, 3-room surgery; salary open; full maintenance. Apply: Miss Ida Paugh, Supt. of Nurses, Doctors Hospital, 1067 Dennison Ave., Columbus, Ohio.

ASSISTANT SUPERVISOR, PUBLIC HEALTH: East. Generalized program including tuberculosis; college degree, experience required; salary open. Apply: Atlantic Visiting Nurse & Tuberculosis Assn., 2332 Pacific Ave., Atlantic City, N.J.

CAMP NURSE: East. Most-exclusive girls' camp; high salary; excellent food, wonderful location; pleasant and easy work. Apply: Dr. L. Hirsch, 105-02 Van Wyck Blvd., Richmond Hill, N.Y.

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DIRECTOR: Indiana. Generalized health program; bedside care; affiliation with hospital; PHN certificate; degree; \$225, depending on experience and qualifications. Apply: Miss Marcella Hayes, V.N.A., 1128 South Mulberry St., Muncie, Indiana.

GENERAL DUTY NURSES: South. Attractive hospital, nurses' home and surroundings; pleasant climate; 8-hour duty; good salary. Apply: Supt. of Nurses, John D. Archbold Memorial Hospital, Thomasville, Ga.

GENERAL DUTY NURSES: East. Also operating room. Apply: Supt. of Nurses, Parkway Hospital, 123 W. 110 St., New York 26.

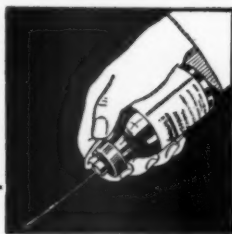
GENERAL DUTY NURSES: East. 70-bed private hospital; psychiatric experience necessary; pleasant surroundings; maintenance; attractive salary. Apply: Nursing Office, Fairmount Farm, Roxborough, Phila. 28, Pa.

GENERAL DUTY NURSES: Illinois. 8-hour day; \$110-\$130; full maintenance. Apply: Kirby Hospital, Monticello, Ill.

GENERAL DUTY NURSES: Illinois. Small hospital; 8-hour shifts; 6-day week; \$130, full maintenance. Apply: Supt., LaHarpe Hospital, LaHarpe, Ill.

GENERAL DUTY NURSES: South. For private psychiatric sanitarium in resort section; attractive salary; full maintenance; give full

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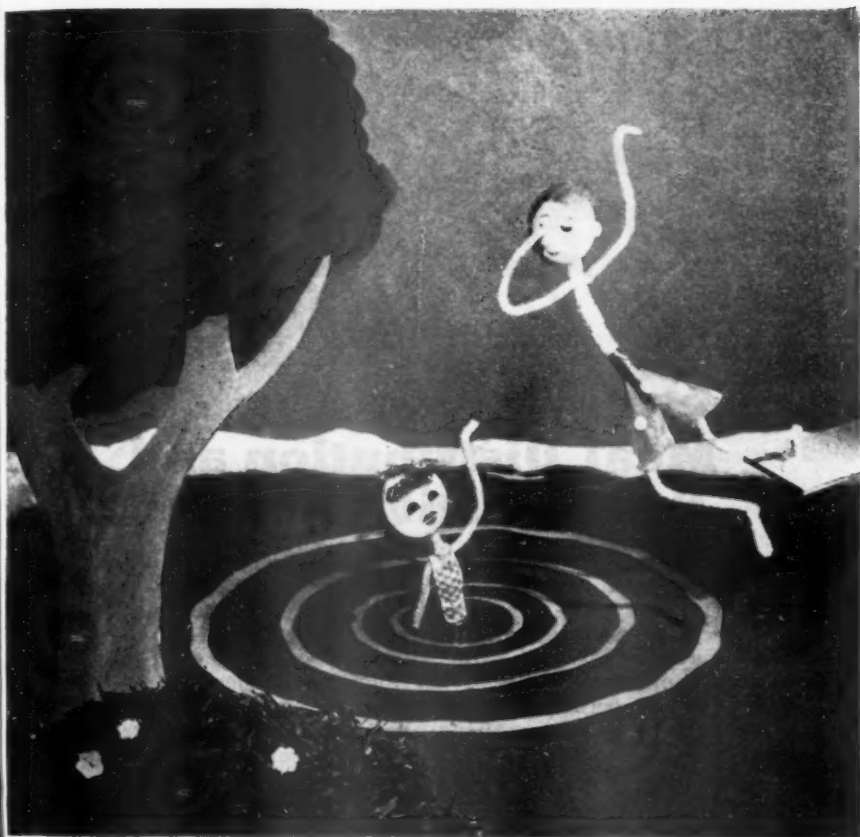
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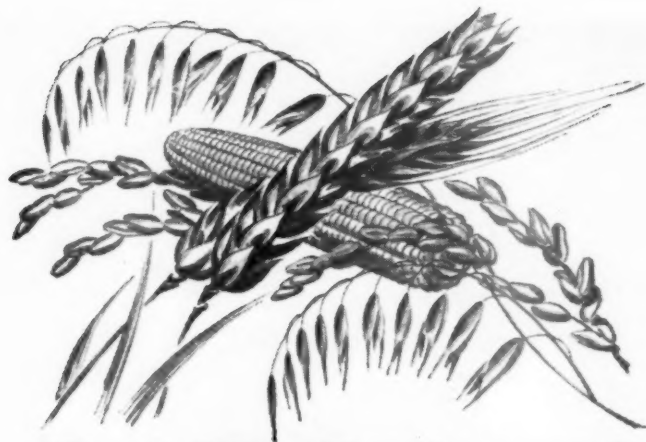
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For these reasons, nutritionists assert that the digestive burden should be distributed over the day, beginning with breakfast. Ideally, breakfast should provide one-third of the daily caloric intake, and but little less of the daily nutrient need. Hence the basic breakfast pattern of fruit, cereal with milk and sugar, bread or toast and butter, and a beverage.

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Fat.....	5.0 Gm.
Carbohydrate.....	33 Gm.
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Riboflavin.....	0.24 mg.
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1. Dodd, M. C. and Stillman, W. B., J. Pharmacol. & Exper. Therap. 82:11, 1944.
2. Snyder, M. L., Kiehn, C. L., Christopherson, J. W., Military Surgeon 97:380, 1945.
3. To be published.

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